NHS

National Institute for Clinical Excellence

Falloposcopy with coaxial catheter

Understanding NICE guidance – information for people considering the procedure, and for the public

June 2004

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Issue date: June 2004

To order copies
Copies of this booklet can be ordered from the NHS Response Line; telephone 0870 1555 455 and quote reference number N0586. A version in Welsh and English is also available, reference number N0587. Mae fersiwn yn Gymraeg ac yn Saesneg ar gael hefyd, rhif cyfeirnod N0587. The NICE interventional procedures guidance on which this information is based is available from the NICE website (www.nice.org.uk). Copies can also be obtained from the NHS Response Line, reference number N0585.

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called falloposcopy with coaxial catheter. It is not a complete description of what is involved in the procedure – the patient's healthcare team should describe it in detail.

NICE has looked at whether falloposcopy with coaxial catheter is safe enough and works well enough for it to be used routinely for the investigation of fertility problems in women.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of falloposcopy with coaxial catheter and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE's work on 'interventional procedures' (see 'Further information' on page 10).

About falloposcopy with coaxial catheter

Falloposcopy with coaxial catheter is a way of looking inside a woman's fallopian tubes to see if there are any problems that may be affecting her ability to become pregnant. The fallopian tubes are the tubes that connect the ovaries with the womb (also known as the uterus). Every month, an egg is released from one of the ovaries and it travels down one of the fallopian tubes to the womb. If the woman has sex and one of the man's sperm fertilises the egg while it's on this journey, then a pregnancy may begin. But if there is a problem in the fallopian tube, for example, if it's blocked in some way, fertilisation may be much less likely to happen and the woman may find it more difficult than expected to get pregnant.

In falloposcopy with coaxial catheter, a doctor puts a narrow tube into the woman's vagina and passes it up through her cervix and womb and into the fallopian tube. A narrow piece of equipment that has a tiny camera at the end is passed up through this tube into the fallopian tube and this is how the doctor can see if there is anything obviously wrong. Depending on what is seen, the doctor may also treat a blockage at the same time by passing a balloon up through the tube and then gently inflating it in the fallopian tube to widen the area. Falloposcopy with coaxial catheter is not used very much in the UK at present.

There are other ways of investigating problems with the fallopian tubes. These include:

- an X-ray test called hysterosalpingography
- a laparoscopy and dye test, in which a narrow instrument with a camera on it is put inside the woman's abdomen through a small cut. The doctor looks at the fallopian tubes and ovaries and sees what happens when a harmless dye is injected through the fallopian tubes. If the tubes are blocked, the dye doesn't come out at the ends in the normal way
- looking at the inside of the fallopian tubes using equipment that is passed through either small cuts or a larger opening in the woman's abdomen.

How well it works

What the studies said

NICE didn't find any good-quality studies that looked at how well falloposcopy with coaxial catheter worked. In some of the studies NICE found, the method was used just to look for problems in the fallopian tubes, while others used it to treat the problem as well. This made it more difficult to judge how well it worked overall.

In the studies that used falloposcopy with coaxial catheter to look for problems, the doctor was able to insert the tube into the right position in most women (around 85%). However, it was not always possible for doctors to see the fallopian tube properly and different studies had different levels of success for this.

In one study that looked at how well the procedure worked when it was combined with the balloon treatment, just under a half of the fallopian tubes were 'unblocked' successfully with the procedure. In another study, falloposcopy with coaxial catheter successfully opened up around a third of fallopian tubes.

NICE found one study that cross-checked the results of falloposcopy with coaxial catheter with the results of hysterosalpingography (the X-ray test). There was not much consistency between the two tests. Out of 20 fallopian tubes found to be blocked using the X-ray test, only 3 were shown to be blocked using falloposcopy with coaxial catheter. But the problem with this study was that there was no sure way of seeing which tubes were definitely blocked, so it wasn't possible to see which test was actually nearest to the truth.

What the experts said

One of the experts said doctors often got poor-quality pictures using falloposcopy with coaxial catheter, and when using this procedure, it wasn't clear what was normal or abnormal for a fallopian tube.

Risks and possible problems

What the studies said

In the studies, the main problems that affected women who'd had falloposcopy with coaxial catheter were:

- damage to the fallopian tube (which affected up to 4 tubes in 100)
- damage to the womb (which happened in 2 out of 100 procedures).

One study said that around a quarter of women who had a blockage at the far end of their fallopian tube had a problem during or after the procedure. But it wasn't clear whether all these women had falloposcopy with coaxial catheter, as some women in the study had another procedure.

What the experts said

One expert said that the most likely problem was damage to the fallopian tube, but that this wasn't usually serious.

What has NICE decided?

NICE has decided that, if a doctor wants to carry out falloposcopy with coaxial catheter, he or she should make sure that the patient understands what is involved and that there are still uncertainties over the safety of the procedure and how well it works. There should be special arrangements in place so that the patient only agrees (consents) to the procedure after this discussion has taken place.

NICE may look at the procedure again if new information becomes available.

What the decision means for you

Your doctor may have offered you falloposcopy with coaxial catheter. NICE has considered this procedure because it is relatively new. NICE has decided that there are uncertainties about the benefits and risks of falloposcopy with coaxial catheter which you need to understand before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on falloposcopy with coaxial catheter is on the NICE website (www.nice.org.uk/IPG062guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0585. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on fertility problems, a good starting point would be NHS Direct (telephone 0845 4647) or NHS Direct Online (www.nhsdirect.nhs.uk).

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