

Hysteroscopic morcellation of uterine leiomyomas (fibroids)

Information for the public

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What has NICE said?

There is not much good evidence about how well this procedure works and it may cause serious complications. It should only be used if extra care is taken to explain the risks and extra steps are put in place to record and review what happens.

Hysteroscopic morcellation of uterine fibroids should only be done by health professionals with special training.

More research on this procedure is needed and NICE may look at it again if more evidence is published.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure and discuss the possible benefits and risks with you. In particular, they should explain the uncertainty about the evidence on how likely it is to improve your symptoms and possible complications. You should also be told how to find more information about the procedure. You should only be asked if you want this procedure after having this discussion. Your health professional should ask you if details of your procedure can be collected.

Other comments from NICE

NICE discussed the possibility of undiagnosed cancer within fibroids and said that morcellation should not be used if cancer is suspected.

The condition

Fibroids are non-cancerous tumours that form in the lining of the uterus (womb). They can cause symptoms such as heavy, painful periods and urinary incontinence (leaking urine). They can also be associated with problems becoming pregnant and with miscarriage.

Fibroids can be removed surgically using a procedure called hysteroscopic resection. In this traditional method, a [hysteroscope](#) has to be inserted into the womb, taken out, and then put back in several times.

NICE has looked at using hysteroscopic morcellation as another treatment option. In this procedure, the hysteroscope is inserted into the womb only once.

The procedure

In hysteroscopic morcellation a thin tube with a camera on the end (a hysteroscope) is inserted into the vagina, through the cervix and into the womb. Instruments are passed through the hysteroscope into the womb. The fibroid is cut into small pieces that are removed through the tube. The procedure is usually done under general or spinal anaesthetic.

Benefits and risks

When NICE looked at the evidence, it decided that there wasn't enough evidence to be sure how well the procedure works or how safe it is. The 7 studies that NICE looked at involved a total of 208 patients.

Generally, the studies showed that hysteroscopic morcellation took less time to do than the traditional method.

The studies showed that the risks of the procedure included:

- Complications during the procedure, that led to patients needing further treatment. In some patients, the womb had to be removed (hysterectomy). Two patients needed to be admitted to intensive care for treatment because their bowel was damaged during the procedure.
- Complications after the procedure, such as bleeding or infection.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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Accreditation

