Morcellation for laparoscopic myomectomy or laparoscopic hysterectomy

About this information
This information is for you if you have been offered a laparoscopic myomectomy or laparoscopic hysterectomy using morcellation. It may also be helpful if you are a partner, relative or friend of someone who is in this situation.

A glossary of all medical terms used is available on the RCOG website at: www.rcog.org.uk/en/patients/medical-terms.

Key points will be summarised here post-Consultation

What is laparoscopic myomectomy?
Myomectomy is the surgical removal of fibroids from your uterus (womb). Myomectomy can be done either laparoscopically (keyhole surgery) or by laparotomy (open surgery with a larger cut on your abdomen). Laparoscopic myomectomy involves smaller cuts on your abdomen.

What is laparoscopic hysterectomy?
Hysterectomy is the surgical removal of your uterus. It can be done either laparoscopically (keyhole surgery) or by laparotomy (open surgery with a larger cut on your abdomen). A total hysterectomy involves the removal of your uterus and cervix while a subtotal hysterectomy involves removal of the uterus only, leaving the cervix behind. Your ovaries and fallopian tubes may or may not be removed depending on your individual situation and your preferences. Laparoscopic hysterectomy involves smaller cuts on your abdomen.

What is morcellation?
Morcellation involves breaking uterine or fibroid tissue into smaller pieces to allow removal laparoscopically or vaginally. This is often done using a device called a morcellator which electrically or mechanically breaks the tissue into smaller pieces.

Morcellation is only considered if your uterus is too big to be removed vaginally after laparoscopic total hysterectomy, if you are having laparoscopic subtotal
hysterectomy (where the cervix is left behind) or if you are having a laparoscopic myomectomy.

**What are the benefits of laparoscopic morcellation?**

- Smaller cuts on your abdomen
- less pain after surgery
- a reduced risk of infection
- a reduced risk of blood clots in the legs or lungs
- a shorter hospital stay
- a quicker recovery

**What are the risks of laparoscopic morcellation?**

- **Small pieces of benign (non-cancerous) fibroid tissue being left inside your abdomen.** These may then attach to the internal organs in your abdomen where they can continue to grow. You may then require additional surgery to remove these fibroids. The risk of this happening is thought to be 1 in 120 (uncommon) to 1 in 1200 (rare).

- **Morcellation of uterine tissue or a fibroid that contains an unexpected cancer called uterine sarcoma.**
  - Before considering morcellation, your health care professional will have offered you investigations which may include: an ultrasound scan; a magnetic resonance imaging (MRI) scan; an endometrial biopsy (biopsy of the womb lining); and a cervical smear test. However, there are currently no tests to reliably diagnose uterine sarcoma before surgery.
  - The risk of unexpected uterine sarcoma in fibroids depends on your age and is higher around the time of and after your menopause. Various studies have quoted this risk as ranging from:
    - 1 in 65 to 1 in 278 (if you are over 60),
    - 1 in 158 to 1 in 303 (if you are between 50 to 59)
    - and 1 in 304 to 1 in 1250 (if you are under 50 years of age)
  - While these studies don’t give us exact risk figures, they do tell us that the risk increases significantly with age. If you are over 50 years of age your risk is higher and continues to increase as you get older.
  - If an unexpected uterine sarcoma is morcellated then it can potentially cause the cancer to spread and worsen your chances of survival.

**What might affect my risk of having a uterine sarcoma?**
The following factors may mean that you have a higher risk of uterine sarcoma. Your healthcare professional will check for these and discuss with you before considering morcellation.

- Bleeding after your menopause or irregular vaginal bleeding
- Fibroids that are growing quickly
- Findings suspicious of uterine sarcoma on your ultrasound or MRI scan
- If certain types of breast, ovarian or bowel cancer run in your family
- Your age as your risk is higher around the time of and after your menopause
- Your ethnicity: fibroids are more common in black women and the chances of uterine sarcoma may also be higher
- If you have ever used the drug Tamoxifen
- If your fibroid continues to grow despite medical treatment
- If you have had radiotherapy to your pelvis

What are my alternatives to morcellation?

Depending upon your individual circumstances, your health care professional will discuss treatment options with you that include: having no treatment, “waiting and watching”, medical treatment (such as tablets, injections or a hormone coil) or surgery.

An alternative to laparoscopic myomectomy or hysterectomy using morcellation is to choose open surgery where a larger cut is made on your abdomen to remove your fibroids or uterus. The risks and benefits of laparoscopic and open surgery will vary depending on your individual situation and will be fully discussed with you by your health care professional.

Before deciding on any treatment, you will be given the chance to ask any questions you may have and to discuss any concerns so that you can make a choice that is right for you.

Further information can be found from the following resources:

RCOG Consent Advice No. 13 Morcellation

This patient information is based on RCOG Consent Advice No. 13 Morcellation:

INSERT URL

The Consent Advice contains all references used as evidence for the consent advice and this patient information.

RCOG leaflet on Recovering well from laparoscopic hysterectomy:

Making a Choice

Shared Decision Making
If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions
To begin with, try to make sure you get the answers to these key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

Sources and acknowledgements
Sources and acknowledgements will be included post-consultation