

2nd Nordic Congress on Gynaecological Endoscopy

3rd Oslo Endoscopic Winter Meeting

March 9-12th Norefjell - Bøseter Resort - Norway

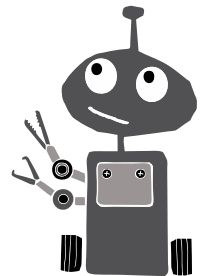


Morcellation in Finland

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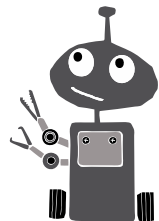
11.3.2017 Norefjell



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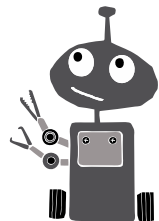
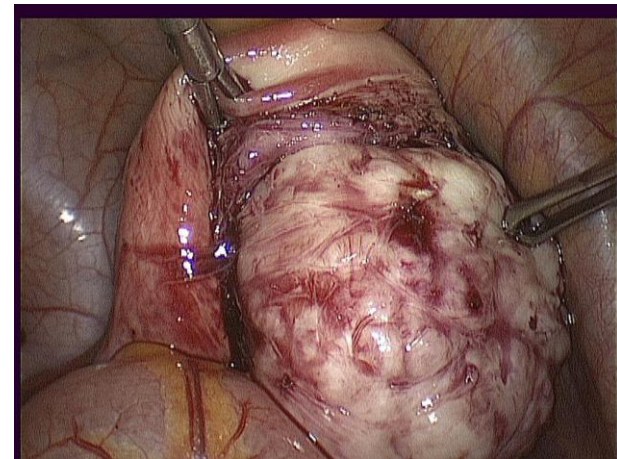
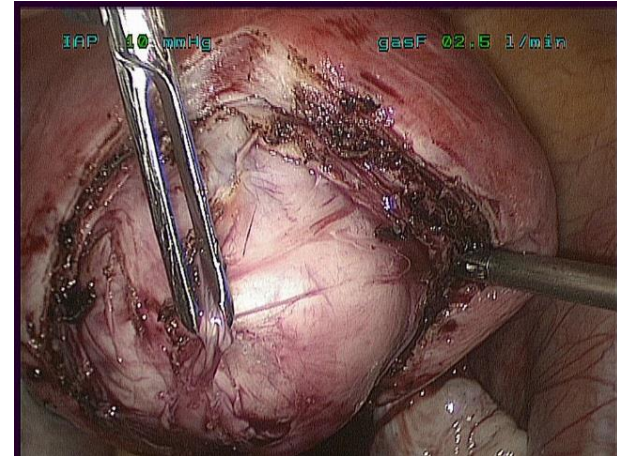
Background

- FDA statement in April 2014
 - Laparoscopic power morcellators should no longer be used for hysterectomy or myomectomy in most women with uterine leiomyomas
 - Uterine sarcoma risk 0.28% in leiomyomas
- EGSE statement in February, 2015
 - Brölmann H et al. Gynecol Surg 2015;12:3-5
 - Risk for sarcomatous change in the uterus 0.14% (0.49%-0.06%)
 - 0.08% at myomectomies and 0.15% at hysterectomies
 - Preoperative tests are recommended
 - Rapid increase in size
 - Necrosis, degenerative cystic changes and increased vascularity in ultrasound/MRI



When morcellation is needed?

- To remove large specimen from abdominal cavity during laparoscopy
- Fibroids after laparoscopic myomectomy
- Uterus after subtotal laparoscopic hysterectomy
- Large uterus after laparoscopic hysterectomy not able to be removed vaginally



Criteria for morcellation of uterine leiomyomas

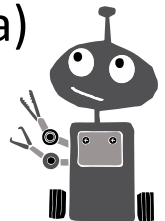
(Amant, Van den Bosch, Vergote, Timmerman; Lancet 2015)

Benign features

- Round lesion
- Several lesions
- Wide range of small and large lesions
- Absence of central necrosis
- Regular outline
- Absence or limited growth (over 3 months)
- Low blood flow
- Calcifications with shadowing
- **Morcellation is allowed**

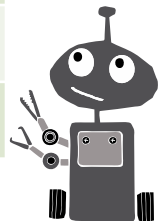
Suspicious features

- Oval lesion
- One or large lesion
- Central necrosis
- Irregular or lobulated outline
- Fast growth (over 3 months)
- High blood flow
- Absence of calcification and absence of shadowing
- Atypical growth (postmenopausal, post-embolisation and under GnRHa)
- Ovarian fibroma
- **Morcellation in NOT allowed**



Benign surgery in Finland in 2014

Procedure	n	%
Abdominal hysterectomy	1009	17
Vaginal hysterectomy	2221	38
Laparoscopic hysterectomy	2543	44
Subtotal abdominal hysterectomy	58	1
Subtotal laparoscopic hysterectomy	11	0.2
All benign hysterectomies	5842	100
Abdominal myomectomy	74	14
Laparoscopic myomectomy	61	12
Hysteroscopic myomectomy	350	68
Vaginal myomectomy	27	5
All myomectomies	512	100

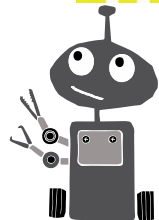


Sarcomas 2010-2014 in Helsinki

University Hospital

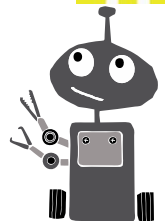
Riitta Koivisto-Korander, unpublished data

- 38 women with any kind of sarcoma
- 14 women with leiomyosarcoma
 - 8 women were operated abdominally, mainly hysterectomy, 5 women have died
 - 5 women has laparoscopic hysterectomy
 - In 4 cases uterus was removed in one piece vaginally, three women have died
 - In 1 case intraligamentary myoma was first enucleated and the LH was done, she has died
 - 1 woman had vaginal hysterectomy, uterus was removed in one piece, she is ok
 - NO LEIOMYOSARCOMAS AFTER LAPAROSCOPIC MYOMECTOMY
 - 220 laparoscopic myomectomies 2010-2014



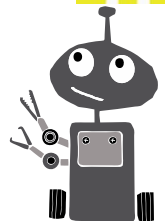
Morcellation strategy in Finland

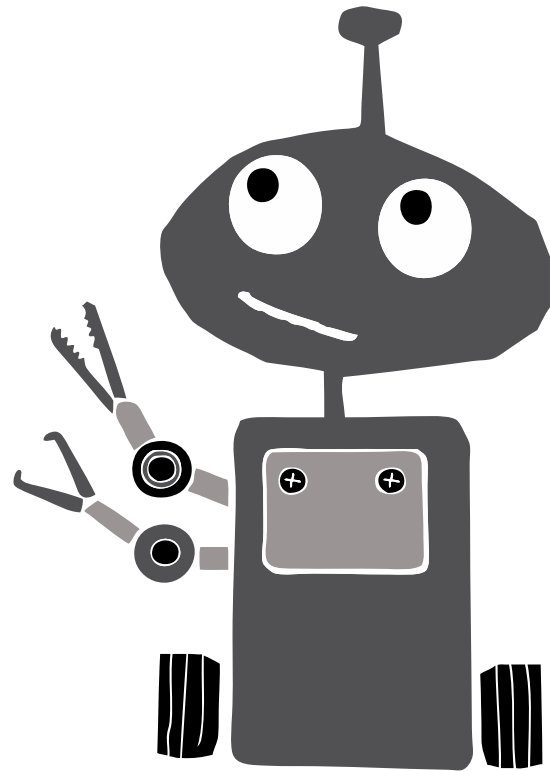
- Preoperative examinations if suspicion of leiomyosarcoma: endometrium sample, ultrasound, MRI
- If preoperative tests are negative, power morcellation is allowed
- If preoperative test are positive, no morcellation is done and hysterectomy is considered instead of myomectomy
- Myomectomy itself might also be associated with spilling of leiomyosarcoma



Morcellation strategy in Finland

- Subtotal laparoscopic hysterectomy (SLH) is rare
 - Small uterus is removed with a bag and morcellated with a scalpel through enlarged umbilical or lateral trocar wound or through small mini-laparotomy mainly during laparoscopic colposacropexy
 - Big uterus is morcellated with power morcellator
- Half of abdominal myomectomies are laparoscopic
 - Fibroids are usually morcellated with power morcellator
- Power morcellation is not done in bags
 - Inquiry from all 5 university clinics
 - Easy and simple bags are not yet available





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