Scott Kramer MD
Comprehensive, Contemporary, Compassionate Care for Women

Controversies in Minimally Invasive Hysterectomy

The internet has a profound effect amplifying the odds of negative outcomes that creates a false reality

The revolution of laparoscopic hysterectomy allows gynecologists to convert many open hysterectomies performed through large abdominal incisions with their more prolonged, painful recoveries requiring 4 day hospitalizations and 8 week recoveries into procedures performed in an outpatient surgery center where patients resume their regular activities in about a week.

Recently there have been two controversies questioning advances in laparoscopic hysterectomy. First is the lack of evidence of any additional benefit from using a robotic assistant. Second is the use of a powered morcellator to cut up uterine previously undiagnosed fibroids so they can be removed from the abdominal cavity, with the concern of the theoretical risk of spreading rare malignant sarcomas.

While the **robotic assistant** has been beneficial in other surgical specialties, studies show that the only valid reason for adoption in benign gynecologic surgery is when it enables conversion of an open procedure to a laparoscopic one. Despite the compelling marketing hype there are no significant benefits for a talented laparoscopic surgeon. It takes an additional 45 minutes under anesthesia to set up the robot, costs the patient thousands of dollars in fees, and ironically does not eliminate an assistant surgeon.

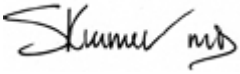
Morcellation, cutting a surgical specimen into smaller pieces so it may be removed from the body, dates back to the beginning of surgery. In early 2000's **powered morcellation** devices became available to allow surgeons to apply this surgical technique in laparoscopic surgery where uteruses containing large fibroid tumors could be removed through incisions less than one inch in length.

Concern arose late last year when a physician underwent a laparoscopic hysterectomy for fibroids using morcellation, only to learn later her pathology demonstrated a rare uterine sarcoma. She and her physician husband feared morcellation might worsen her prognosis by spreading the tumor inside her abdomen. There is no way to preoperatively asses or biopsy fibroids to determine malignancy. The historic published estimate was sarcomas occur in 1 in 1000 hysterectomies for fibroids. Prognosis for sarcomas is usually poor. In today's internet driven world the ensuing media circus created a frenzy and subsequent panic extended to the FDA who estimated from some very poor data that the odds of sarcoma were closer to 1 in 350. Consequently they recommended against morcellator use (with no proof it affects outcomes except anecdotal testimony). Major OBGyn societies, ACOG and AAGL, performed exhaustive literature reviews and concluded that there is no conclusive evidence that morcellation worsens the prognosis for sarcoma, and also questioned the validity of the odds of sarcoma that the FDA stated. Their summary finding—the benefits realized by all the unaffected patients far outweigh the theoretical downside to the rare unfortunate affected person.

Laparoscopic Hysterectomy, including use of a morcellator, offers too many advantages to most patients

If morcellation can be salvaged the lesson is like with all medical interventions, doctors should be transparent including sarcoma risk and theoretical concern about tumor spread during our consent process and let patients decide. As you know I strongly believe it's worth the extra effort to educate women so they make well-informed health care decisions.

Wishing you good health!



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