Hysteroscopic Intrauterine Morcellation for Benign Intrauterine Pathologies: Clinical Effectiveness and Guidelines
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Acknowledgments:

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About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada’s health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.
Research Questions

1. What is the clinical effectiveness of hysteroscopic intrauterine morcellation for the removal of benign intrauterine pathologies?

2. What are the evidence-based guidelines regarding the management of an unsuspected malignancy diagnosed in patients who have previously undergone hysteroscopic intrauterine morcellation for the intention of the removal of benign intrauterine pathologies?

Key Findings

One evidence-based guideline was identified regarding the clinical effectiveness of hysteroscopic intrauterine morcellation for benign intrauterine pathologies. No relevant clinical studies were identified regarding the clinical effectiveness of hysteroscopic intrauterine morcellation for the removal of benign intrauterine pathologies.

Methods

A limited literature search was conducted on key resources including PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2013 and October 9, 2018. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

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<th>Table 1: Selection Criteria</th>
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<td><strong>Population</strong></td>
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<td><strong>Intervention</strong></td>
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| **Comparator** | Q1: Laparoscopic intrauterine morcellation  
Q2: No comparator |
| **Outcomes** | Q1: Clinical effectiveness, safety (e.g., spread of unsuspected malignancy)  
Q2: Guidelines, best practice |
| **Study Designs** | Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, evidence-based guidelines |
Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

One evidence-based guideline was identified regarding the clinical effectiveness of hysteroscopic intrauterine morcellation for benign intrauterine pathologies. No relevant health technology assessments, systematic reviews, meta-analyses, randomized controlled trials or non-randomized studies were identified.

Additional references of potential interest are provided in the appendix.

Overall Summary of Findings

One evidence-based guideline by the National Institute for Health and Care Excellence (NICE) of the United Kingdom was identified regarding the clinical effectiveness of hysteroscopic intrauterine morcellation for benign intrauterine pathologies.¹ The guideline advises that, due to limited evidence of efficacy and the potential for serious complications, hysteroscopic morcellation of uterine leiomyomas (fibroids) should only be used with special arrangements for clinical governance, patients’ informed consents, and clinical outcome audit.¹ Further research is encouraged in the guideline.¹

References Summarized

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses
No literature identified.

Randomized Controlled Trials
No literature identified.

Non-Randomized Studies
No literature identified.

Guidelines and Recommendations

Appendix — Further Information

Previous CADTH Reports


Systematic Review and Meta-Analyses – Alternative Comparators


Randomized Controlled Trials

Alternative Comparator


Alternative Intervention


Non-Randomized Studies – Alternative/No Comparator


Guidelines and Recommendations

Alternative Population


Qualitative Reviews


Review Articles


Additional References

Accessed 2018 Oct 22