NICE guidance

Laparoscopic laser myomectomy

Interventional procedures guidance
Published: 26 November 2003

www.nice.org.uk/guidance/ipg23

This guidance should be read in conjunction with CG44.

1 Guidance

1.1 Current evidence on the safety and efficacy of laparoscopic laser myomectomy does not appear adequate to support the use of this procedure without special arrangements for consent and for audit or research. Clinicians wishing to undertake laparoscopic laser myomectomy should inform the clinical governance leads in their Trusts. They should ensure that patients offered it understand the uncertainty about the procedure's safety and efficacy and should provide them with clear written information. Use of the Institute's information for the public is recommended. Clinicians should ensure that appropriate arrangements are in place for audit or research. Publication of safety and efficacy outcomes will be useful in reducing the current uncertainty. NICE is not undertaking further investigation at present.

1.2 Clinicians undertaking this procedure should undergo training as recommended by the Royal College of Obstetricians and Gynaecologists Working Party on Training in Endoscopic Surgery.

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2 The procedure

2.1 Indications

2.1.1 Laparoscopic laser myomectomy is used to treat uterine fibroids, also known as uterine leiomyomas or uterine myomas. Fibroids are benign tumours of the uterine muscle. They are very common and are often asymptomatic. They may cause abnormal bleeding, pelvic pressure and pain, and reproductive problems.

2.1.2 Hysterectomy is the standard treatment for women with fibroids whose symptoms have not resolved with medical treatment.

2.2 Outline of the procedure

2.2.1 Laparoscopic laser myomectomy destroys fibroids using a laparoscope passed through a small incision in the abdomen and then through the wall of the uterus. The fibroids are destroyed with a laser. For more details refer to the sources of evidence section.

2.3 Efficacy

2.3.1 The evidence reviewed was of poor quality and did not clearly report efficacy outcomes, particularly outcomes relating to symptomatic relief. For more details refer to the sources of evidence section.

2.3.2 The Specialist Advisors noted that the indications for this treatment were unclear, which made it difficult to assess its efficacy. One Advisor noted that the procedure was suitable only for removing relatively small fibroids, which tend to be asymptomatic, and therefore questioned the clinical value of the procedure.

2.4 Safety

2.4.1 The evidence reviewed was too limited to establish the safety of this procedure. For more details refer to the sources of evidence section.

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2.4.2 The Specialist Advisors reported that there are risks associated with the use of both laparoscopic and laser surgery, including bowel and urinary tract damage, and rupture of the uterine scar during subsequent labour.

2.5 Other comments

2.5.1 Fibroids that are symptomatic are generally of a size and location that would make treatment by laparoscopic laser myomectomy difficult.

Andrew Dillon
Chief Executive
November 2003

3 Further information

Sources of evidence

The evidence considered by the Interventional Procedures Advisory Committee is described in the following document.

'Interventional procedure overview of laparoscopic laser myomectomy', February 2003.

Information for patients

NICE has produced information on this procedure for patients and carers ('Understanding NICE guidance'). It explains the nature of the procedure and the guidance issued by NICE, and has been written with patient consent in mind.

4 Other NICE recommendations on laparoscopic laser myomectomy

Further recommendations have been made as part of the clinical guideline on heavy menstrual bleeding published in January 2007. Clinical and cost-effectiveness evidence was reviewed in the development of this guideline which has led to this more specific

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recommendation. The IP guidance on Laparoscopic laser myomectomy disease remains current, and should be read in conjunction with the clinical guideline.

5 About this guidance

NICE interventional procedure guidance makes recommendations on the safety and efficacy of the procedure. It does not cover whether or not the NHS should fund a procedure. Funding decisions are taken by local NHS bodies after considering the clinical effectiveness of the procedure and whether it represents value for money for the NHS. It is for healthcare professionals and people using the NHS in England, Wales, Scotland and Northern Ireland, and is endorsed by Healthcare Improvement Scotland for implementation by NHSScotland.

This guidance was developed using the NICE interventional procedure guidance process.

We have produced a summary of this guidance for patients and carers. Information about the evidence it is based on is also available.

Changes since publication

31 January 2012: minor maintenance.

Your responsibility

This guidance represents the views of NICE and was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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Endorsing organisation

This guidance has been endorsed by Healthcare Improvement Scotland.