

Hysteroscopic metroplasty of a uterine septum for primary infertility

Information for the public

Published: 28 January 2015

www.nice.org.uk

What has NICE said?

There is not much good evidence about how well [hysteroscopic metroplasty for infertility works](#). It has some serious but rare complications. It should only be used if extra care is taken to explain the risks and extra steps are put in place to record and review what happens.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure and discuss the possible benefits and risks with you. In particular, they should explain the uncertainty about the evidence on how likely it is to improve your fertility and possible complications. You should also be told how to find more information about the procedure. You should only be asked if you want to agree to this procedure after having this discussion. Your health professional should ask you if details of your procedure can be

collected.

Your healthcare team

A healthcare team experienced in managing infertility should decide which women should be offered this procedure. The team should include specialists in reproductive medicine, uterine imaging and hysteroscopic surgery. This procedure should only be done by health professionals with specific training in hysteroscopic metroplasty.

The condition

In some women the uterus (womb) is divided into 2 halves by a wall of tissue, called a septum. This may affect fertility and increase the risk of miscarriage.

Surgical removal of the septum (metroplasty) is considered for women who are having difficulty becoming pregnant.

The procedure is traditionally done through a cut in the abdomen. NICE has looked at using hysteroscopic metroplasty as another option. Unlike traditional metroplasty, women who conceive after hysteroscopic metroplasty may be able to have their baby without caesarean section.

The procedure

In hysteroscopic metroplasty a thin tube with a camera on the end (a hysteroscope) is inserted into the vagina, through the cervix and into the womb. Instruments are passed through the hysteroscope into the womb and the septum is removed. The procedure is usually done under general or spinal anaesthetic. The aim of the procedure is to improve fertility.

Benefits and risks

When NICE looked at the evidence, it decided there wasn't enough evidence to be sure how well the procedure worked. The 9 studies that NICE looked at involved a total of 4548 patients.

Generally, they showed that after hysteroscopic metroplasty women were more likely to become pregnant.

The studies showed that the risks of hysteroscopic metroplasty included:

- damage to the womb or cervix during the procedure
- complications during the procedure, such as excessive bleeding or fluid collecting in the lungs
- scar tissue forming in the womb after the procedure
- the womb rupturing during pregnancy or delivery
- 1 woman had an ectopic pregnancy after the procedure. A pregnancy is ectopic when it happens outside the womb (for example, in the tubes that carry the egg to the womb).

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

ISBN: 978-1-4731-0960-5

Accreditation

