

National Institute for Health and Care Excellence

IP1177– Hysteroscopic metroplasty of a uterine septum for recurrent miscarriage  
Consultation Comments table

IPAC date: Thursday 13<sup>th</sup> November 2014

Co m. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 NHS Professional Clinical Research Fellow	<b>General</b>	<p>Urgently need an RCT for hysteroscopic metroplasty of a uterine septum for recurrent miscarriage.</p> <p>There is currently a study in the Netherlands (TRUST) <a href="http://studies-obsgyn.nl/TRUST">http://studies-obsgyn.nl/TRUST</a> which is The Randomised Uterine Septum Transsection Trial. They currently have 30 recruits and have extended it to include sub fertility due to recruitment problems.</p> <p>██████, ██████ and myself are conducting a pilot/feasibility trial (SEPTUM) at The University of Nottingham. It is currently unclear whether clinicians are in equipoise for this treatment.</p>	<p>Thank you for your comment.</p> <p>The Committee comments state: 'The Committee noted that much of the evidence on efficacy of hysteroscopic metroplasty of a uterine septum for recurrent miscarriage did not provide direct evidence that the procedure resulted in pregnancies that would not otherwise have occurred.'</p> <p>The principal investigator for the TRUST study, which is being conducted in the Netherlands, has confirmed that patients are still being randomised and it is unknown when the study will be completed.</p>

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2	Consultee 1 NHS Professional Clinical Research Fellow	<b>General</b>	<p>The classification systems available (AFS, ESHRE / ESGE) for uterine septums have not been shown to be reproducible and do not offer any prognostic information. It is therefore not possible to compare one woman's septum with another. A subseptate uterus may be closer to arcuate than a septate uterus or vice versa, however both are labelled subseptate.</p> <p>The procedure hysteroscopic metroplasty for uterine septum is not standardised. Some operators use bipolar diathermy, smaller operating hysteroscopes are now available, other operators use scissors. Is the safety and results comparable? How often is the septum fully resected?</p>	<p>Thank you for your comment.</p> <p>Section 3.2 of the guidance states that 'The septum is excised, most commonly using microscissors, electrosurgery or laser.'</p> <p>There are some small studies that compare different techniques, which are included in appendix A of the overview.</p> <p>The overview includes some data on the completeness of resection in the efficacy column of table 2.</p> <p>The Committee considered this comment but decided not to change the guidance.</p>
3	Consultee 1 NHS Professional Clinical Research Fellow	<b>General</b>	I am a clinical research fellow at the moment at the University of Nottingham and we are currently conducting a pilot study of hysteroscopic metroplasty of uterine septum for recurrent miscarriage	Thank you for your comment.

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