

Freedom of Information Request: Our Reference CTHB_140_18

You asked:

1. How many gynaecologists within your organisation perform laparoscopic procedures requiring morcellation?

CTUHB have 2 consultant gynaecologists that perform laparoscopic procedures requiring morcellation.

2. How many power morcellators do you purchase per annum for gynaecology?

The Health Board have a reusable morcellator. We do not purchase single use.

3. How many power morcellators do you use in gynaecology per annum?

The reusable morcellator has been used on average, 37 times per annum.

4. How many laparoscopic hysterectomies requiring morcellation do you perform annually?

I can confirm that the Health Board does not centrally record this information. The detail you require would be recorded within an individual patient's health record as part of their ongoing care. To provide you with this information, would require a manual trawl and significantly exceed the 18 hours time and £450 cost limit set out within Section 12 of the Freedom of Information Act.

5. How many laparoscopic myomectomies requiring morcellation do you perform annually?

Please see response to question 4.

6. For patients requiring morcellation, do you routinely perform pre-operative MRI?

We do not routinely perform pre-operative MRI for patients requiring morcellation unless there have large fibroids.

7. For patients requiring morcellation, do you routinely perform pre-operative endometrial sampling/biopsy?

For patients requiring morcellation, we routinely perform pre-operative endometrial sampling/biopsy.

8. During the consent process, do you specifically consent for power morcellation in gynaecology?

During the consent process, we do not specifically consent for power morcellation in gynaecology however, it is explained to them as part of the consent, just not specifically written on the proposed procedure as its part of the overall operation.

9. During the consent process, what risk of inadvertent leiomyosarcoma do you quote during hysterectomies/myomectomies for benign fibroids?

Consultants at CTUHB explain that the risk of inadvertent leiomyosarcoma is low especially if patients have a normal sized uterus or fibroids that are not growing.

10. During the consent process, what risk do you quote for spread of inadvertent leiomyosarcoma from power morcellation?

During the consent process, consultants at CTUHB explain that the risk of inadvertent leiomyosarcoma is low from power morcellation.

11. Has your organisation ever encountered inadvertent leiomyosarcoma following hysterectomy or myomectomy for presumed benign indications? If so, how many?

No.

12. Do you have information leaflet about morcellation in gynaecology?

No.

13. What audit procedures do you have in place for gynaecologists participating in power morcellation?

Consultants at CTUHB are not aware of any audit procedures that are in place for gynaecologists participating in power morcellation.