Information about Morcellation in Gynecologic Surgery

What is Morcellation?
Morcellation is a procedure that cuts large tissue inside the body into smaller pieces so it can be removed through the vagina or a small incision on the abdomen.

Morcellation is performed only when the tissue being removed is too large to fit through the incisions we used for the surgery. This is most likely to happen if the uterus or fibroids are too large to be removed in one piece through the vagina or the laparoscopic or robotic incisions.

Morcellation is an option in surgery and you can choose not to have it done. If you choose not to have it done, this will not interfere with your decision to have surgery, but may change the way in which your surgery will be performed. If you choose not to have morcellation, you may need to have a larger incision.

Morcellation has both potential benefits and harms. The following is a list of things you need to understand about morcellation before deciding whether you want this procedure at the time of your surgery. Please be sure you ask all your questions, especially if there are things you don’t understand about your surgery or the possible use of the morcellation or the power morcellator.

How is Morcellation performed?
There are several ways your surgeon may perform morcellation. The method of morcellation depends on each patient’s wishes, risk factors, surgical procedure and the size and/or shape of the tissue being removed. Your surgeon will decide on the way to perform morcellation during the surgery.

Some morcellation methods include:

- Cutting the tissue into fragments with a scalpel and removing the smaller pieces through the vagina or a 2 to 3 inch incision on the abdomen. This
procedure is called scalpel morcellation. The 2 to 3 inch incision on the abdomen is called a mini-laparotomy.

- Using an instrument called a **power morcellator**. This is an electrical device that is inserted into the abdominal cavity to help with morcellation.

**What are the risks of Morcellation?**

The main complication of morcellation is spread of tissue to other parts of the abdominal cavity. This spread is greater with use of the power morcellator. Here at the University of Michigan, the morcellation procedure is usually performed inside a sterile plastic bag placed in the abdomen to decrease the risk of spreading tissue. We remove the smaller tissue inside the bag at the end of the procedure. Performing morcellation in a bag may not be possible in every surgery, and it is possible that the bag may break, or that tissue may spill from the bag.

- **In women with fibroids**, the spread of fibroid tissue may cause, in very rare cases, a benign condition called Disseminated Peritoneal Leiomyomatosis. This is where small pieces of fibroid tissue implant and grow on the abdominal lining or the bowel.

- **In women with unsuspected uterine sarcoma** the use of laparoscopic power morcellation may increase the risk of spreading the cancerous tissue within the abdomen and pelvis, significantly worsening the women’s long-term survival. Uterine sarcoma is a rare, serious cancer that appears similar to non-cancerous fibroids. Despite testing available today it is not always possible to detect all cancers before surgery. We can only have a definite diagnosis by looking at the tissue under a microscope after we complete the procedure. Uterine sarcoma occurs in about 3 out of 1000 women with uterine fibroids.

Because of the possible but rare risk of spreading cancer, the Food and Drug Administration (FDA) has made the following statements:

- **Power** morcellators should not be used to morcellate tissue with known or suspected cancer, and should not be used in women who are perimenopausal or postmenopausal because the risk of sarcoma appears to be higher in these women.
• **Power** morcellators should not be used in patients who can have their tissue removed in a single piece (without morcellation) through the vagina or small incisions.

**What happens if I cannot or choose not to have morcellation?**

You will need to have a larger incision in your abdomen if the tissue being removed is too large to fit through the vaginal opening or the small incisions used with laparoscopic or robotic surgery.

When compared to vaginal or laparoscopic surgeries, open surgeries performed with larger incisions on the abdomen are associated with more risks and complications including:

• More blood loss
• Slower recovery of normal bowel function
• More post-surgery pain
• Higher risk of wound infection.
• Longer healing time after surgery
• Slower return to usual activity

Please discuss with your doctor any questions or concerns you have about morcellation and the use of the power morcellator during your surgery. Please let your doctor know if you object to morcellation, either with or without the use of the power morcellator.

To learn more about morcellation, please visit the following websites:

• [http://www.acog.org](http://www.acog.org)
• [http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm424443.htm](http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm424443.htm)

Please call us at (734)763-6295 if you have any questions or concerns.