

Ref: FOI/GS/ID 4653

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone
Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net

21 May 2019

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Gynaecology.

You asked:

- 1. How many gynaecologists within your organisation perform laparoscopic procedures requiring morcellation?*
- 2. How many power morcellators do you purchase per annum for gynaecology?*
- 3. How many power morcellators do you use in gynaecology per annum?*
- 4. How many laparoscopic hysterectomies requiring morcellation do you perform annually?*
- 5. How many laparoscopic myomectomies requiring morcellation do you perform annually?*
- 6. For patients requiring morcellation, do you routinely perform pre-operative MRI?*
- 7. For patients requiring morcellation, do you routinely perform pre-operative endometrial sampling/biopsy?*
- 8. During the consent process, do you specifically consent for power morcellation in gynaecology?*
- 9. During the consent process, what risk of inadvertent leiomyosarcoma do you quote during hysterectomies/myomectomies for benign fibroids?*
- 10. During the consent process, what risks do you quote for spread of inadvertent leiomyosarcoma from power morcellation?*
- 11. Has your organisation ever encountered inadvertent leiomyosarcoma following hysterectomy or myomectomy for presumed benign indications? If so, many?*
- 12. Do you have information leaflet about morcellation in gynaecology?*

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

Trust response:

1. 5
2. 36 in the last 12 months
3. 6
4. Zero
5. Zero
6. No
7. No
8. Most will
9. Gynae Oncologists do not do hysterectomies for benign fibroids in the Trust unless there is a suspicion raised of leiomyosarcoma (LMS) in the history (rapidly growing lesion, postmenopausal, or radiological suspicion). These patients have had detailed radiology under our care and have been discussed in either the GynOnc MDM or the Pelvic Radiology MDM. The patient-specific risks are then individually discussed with the patient during consent. However the incidence is low but each patient is individual and the relevant history/radiology needs to be assessed. But providing no abnormal or concerning features have been raised then the incidence is very low approx. 1/400 (but ranges from 1/250-1/7000).
10. The Trust does not perform that procedure for that disease.
11. The number regarding this is low. The number is between 5 and 8 cases of an undiagnosed LMS in a Hysterectomy/myomectomy specimen.
12. No
13. No