

**AUGS Position Statement:
Laparoscopic Uterine Power Morcellation in
Hysterectomy and Myomectomy
FDA Safety Communication and ACOG Special Report**

The U.S. Food and Drug Administration discouraged the use of laparoscopic power morcellation, also known as electromechanical morcellation, in hysterectomy or myomectomy for the treatment of women with uterine fibroids. In a safety communication notice issued April 17, 2014, the FDA concluded that power morcellation poses a risk of spreading unsuspected cancerous tissue, notably uterine sarcomas, beyond the uterus. This announcement refers to the use of power morcellation for treatment of uterine fibroids and not for other conditions associated with hysterectomy, such as pelvic organ prolapse.

<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm393576.htm>

In response, the American College of Obstetricians and Gynecologists (ACOG) issued a special report on the use of power morcellation on May 9, 2014:

http://www.acog.org/Resources_And_Publications/Task_Force_and_Work_Group_Reports/Power_Morcellation_and_Occult_Malignancy_in_Gynecologic_Surgery

AUGS endorses the ACOG Special Report. AUGS also supports the FDA safety communication recommendation against the use of power morcellation for women with suspected or known uterine cancer. In cases of unsuspected malignancies (uterine sarcomas and carcinomas), dissemination from power morcellation may also reduce survival rates for these patients. When used correctly, in appropriately selected patients, power morcellation facilitates the completion of minimally invasive hysterectomy. Minimally invasive surgery is associated with reduction in postoperative morbidity, infection, pain and a quicker return to activities of daily living compared to open laparotomy.

Separate considerations may apply for patients undergoing hysterectomy for the primary indication of pelvic organ prolapse. After appropriate pre-operative evaluation, supracervical hysterectomy facilitated by power morcellation use during mesh sacrocolpopexy is a reasonable procedure. The decision to perform power morcellation during a supracervical hysterectomy for a minimally invasive mesh sacrocolpopexy should include a discussion between the physician and the patient of the risks and benefits during the informed consent process.

AUGS supports the utilization of a registry to audit occult malignancy with hysterectomy for benign gynecologic conditions.