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AGAINST ELECTRIC MORCELLATION. PRO MINIMALLY INVASIVE SURGERY

Carmona F (ES) [1]

Open-power morcellation has been commonly used for many years as a minimally invasive method to extract bulky tissue at laparoscopy. In 2014, this procedure was banned for the FDA as it is supposed to be associated with risk of tumor dissemination in cases of unexpected malignancy, a situation which was estimated to be as frequent as 1 in 500 cases of hysterectomies or myomectomies indicated by benign pathology in the original FDA study. More recently, more accurate studies showed that this risk is much lower than originally reported (around 1 in 2000 cases) and that abandoning laparoscopic hysterectomy because the risk of sarcoma dissemination after open-power morcellation is associated with a greater risk of death, mainly in women younger than 50 years old.
However, power morcellation is associated with other risks different from sarcoma dissemination as injuries to the small and large bowels, vascular system, kidney, ureter, bladder, and diaphragm and the apparition of the so called peritoneal parasitic myomas, a life-threatening complication directly related with morcellation.
So, alternatives to open-power morcellation are needed in order to keep the current high rates of minimally invasive gynecologic procedures and to decrease the rate of complications associated to the open-power morcellation.

[1] Hospital Clinic