

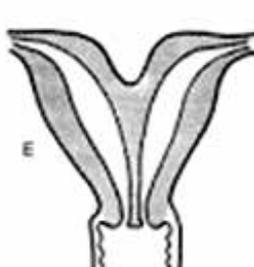
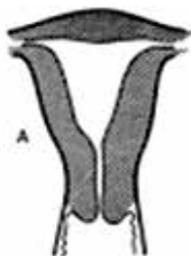
Hysteroscopic metroplasty of a uterine septum for recurrent miscarriages (page 1 of 2)



What is a uterine septum?

A uterine septum is a congenital anomaly (that is one that is present from birth):

1. The uterus forms from two tubes, which join together, starting at the bottom to form a uterine cavity, which usually has the shape of an upside down pyramid (image A below).
2. Only one tube forms leading to what is known as a unicornuate uterus (image B below).
3. The two tubes do not join completely at the top forming a bicornuate uterus (image C below).
4. The two tubes join together but the cavities remain separate leading to what is known as a septate uterus (image D below).
5. The two tubes do not join together at the top and the muscular wall that divides them does not disappear at all or only partially leading to what is known as a bicornuate + septate uterus (image E below).
6. The two tubes do not join together at all which leads to the woman having two separate uteruses (image F - incidentally this is the normal case in rabbits).



The septum (images D and E above) is a muscular or fibrous wall that divides the inside of the uterus, creating 2 cavities (the septate uterus). It may be complete (going from the top of the uterus right down and incorporating the cervix) or incomplete (just involving the upper segment of the uterine cavity).

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If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Does a uterine septum cause recurrent miscarriages?

A uterine septum is more common in women with recurrent miscarriages (usually diagnosed as more than 3 miscarriages in a row) and may therefore be one cause of these problems.

Where all other causes of recurrent miscarriage have been excluded then uterine septum may be considered as a possible cause of the problem.

Does my uterine septum need to be removed?

Where the septum is long (say more than half the length of your uterine cavity length) and you have a history of recurrent miscarriages, you might want to discuss the possibility of dividing the septum with your Consultant.

The procedure is known as a Hysteroscopic Metroplasty.

The National Institute for Health and Care Excellence (NICE) have produced evidence-based guidelines and recommendations about performing the operation to divide a uterine septum, which can be found by typing 'NICE guidelines uterine metroplasty for recurrent miscarriages' (interventional procedures guidance 510) into your computer's internet search box.

How is the operation done?

A thin telescope with a camera on the end (a hysteroscope) is inserted into the vagina, through the cervix and into the cavity of the uterus. Instruments are passed through the hysteroscope and the septum is removed.

The procedure is usually done under general anaesthetic.

The aim of the procedure is to reduce the likelihood of further miscarriages.

What are the benefits of having the operation?

NICE looked at 9 studies involving 4548 patients and concluded that, while the procedure has some serious but rare complications, after hysteroscopic metroplasty women were less likely to have a miscarriage or to give birth prematurely.

They concluded that the operation is safe enough and worked well enough to be used in the NHS for recurrent miscarriages.

What are the risks of the operation?

The studies showed that the risks of hysteroscopic metroplasty included:

- damage to the uterus or cervix during the procedure
- complications during the procedure such as excessive bleeding
- scar tissue forming in the uterus after the procedure
- the uterus rupturing during pregnancy or delivery
- one woman had an ectopic pregnancy after the procedure.