

# A Surgical Procedure's Risks, Unmentioned

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Many patients assume that, like prescription drugs, surgical procedures and instruments undergo extensive testing and must be government-approved. It's not necessarily so.

Developers, of course, do test new instruments, and practitioners often train with an expert before using them unsupervised to treat patients. And the Food and Drug Administration must confirm an instrument's safety and effectiveness before it can be marketed — but only if the device is deemed significantly different from others already approved.

Surgical techniques, however, are not subject to the stringent approval process that drugs go through. And as with drugs, problems with new procedures may not become apparent until after they have been used many hundreds or thousands of times.

Such is the case with a popular treatment for a very common medical problem: [uterine fibroids](#) [1]. The technique, called electric or power morcellation, has widespread appeal for both surgeons and patients. It is used during laparoscopic or robotic-assisted operations that are fast and effective, require only a tiny incision or none at all, and involve less pain, a shorter hospital stay and a quicker recovery. In most cases, these operations are safer than traditional surgery.

As [recent reports have shown](#) [2], however, power morcellation can also cause serious and sometimes life-threatening complications. Experts say that prospective patients are often not told about these risks before consenting to the operation.

The technique involves insertion of a tiny instrument with a rapidly rotating blade,

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Published on Surgical Products (<http://www.surgicalproductsmag.com>)

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the morcellator, that breaks up the fibroid so that it can be sucked out through the small opening of a laparoscope. But problems can arise months or years later if pieces of tissue escape into the pelvic cavity and seed themselves on other organs.

This problem is all the more serious if the fibroid that was morcellated happens to have contained a hidden [cancer](#) [3]. Although the overwhelming majority of fibroids are benign, there is no certain way to tell before their removal if they harbor a cancer, which happens in 1 in 400 to 1 in 1,000 cases.

One such case involves a 41-year-old Bostonian, Dr. Amy J. Reed, an anesthesiologist and a mother of six, who now has a Stage 4 [leiomyosarcoma](#) [4] after undergoing uterine morcellation. It is a rare but particularly aggressive [uterine cancer](#) [5]. Dr. Reed and her husband, Dr. Hooman Noorchashm, a cardiothoracic surgeon, are waging [a campaign through Change.org](#) [6] to halt use of the technique.

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### Links:

[1] <http://health.nytimes.com/health/guides/disease/uterine-fibroids/overview.html?inline=nyt-classifier>

[2] <http://www.nytimes.com/2014/02/07/health/uterine-surgical-technique-is-linked-to-abnormal-growths-and-cancer-spread.html>

[3] <http://health.nytimes.com/health/guides/disease/cancer/overview.html?inline=nyt-classifier>

[4] <http://sarcomahelp.org/leiomyosarcoma.html>

[5] <http://health.nytimes.com/health/guides/disease/endometrial-cancer/overview.html?inline=nyt-classifier>

[6] <http://www.change.org/petitions/women-s-health-alert-deadly-cancers-of-the-uterus-spread-by-gynecologists-stop-morcellating-the-uterus-in-minimally-invasive-and-robot-assisted-hysterectomy>

[7] <http://well.blogs.nytimes.com/2014/03/17/a-surgical-procedures-risks-unmentioned/?partner=rss&emc=rss>