

**May 12, 2014**

The Society of Gynecologic Surgeons (SGS) has reviewed and endorses the special report of the American College of Obstetricians and Gynecologists regarding the use of power morcellation (PM) in the setting of endoscopic approaches to myomectomy and hysterectomy. The College has reviewed the available evidence on PM in the setting of an occult malignancy. Recent scrutiny regarding the use of this technique has revealed a risk of dissemination of cancerous tissue, specifically intraperitoneal sarcomatous tissue, at the time of robotic hysterectomy with an undiagnosed sarcoma. Despite this recent occurrence, the SGS agrees with the College that it does not warrant a complete ban of a technique that is of benefit in a large majority of women undergoing a minimally invasive approach with benign indications for hysterectomy, especially when the rate of undiagnosed sarcoma at the time of hysterectomy is approximately 0.05 to 0.3%.

There are a number of strategies to further mitigate this type of event from occurring from any occult malignancy including a primary vaginal or laparoscopic assisted vaginal hysterectomy approach when possible, careful and thoughtful consideration of patient risk factors, diagnostic evaluation of the older and post-menopausal woman especially with an enlarging uterus or bleeding as indicated, adequate training in the use of PM, morcellation within a bag or removal of the specimen through an enlarged incision or colpotomy.

Proactive patient counseling and informed consent regarding hysterectomy approach in the setting of a benign indication, is critical and when PM is being considered, the patient needs to be aware that the risk of an undiagnosed malignancy is low (2/1000), but not zero, and if cancer is present at the time of morcellation there is an increased risk of dissemination.

We further agree that the formation of a hysterectomy/morcellation registry is critically important to truly understand the risk of this occurrence as some uterine cancers are not diagnosed preoperatively. Appropriate evidence-based minimally invasive approaches to women undergoing hysterectomy for benign conditions, especially with the primary consideration of vaginal hysterectomy, provides a significant risk benefit ratio with respect to efficacy, complications and cost-effective care for our patients and decreased risk of intraperitoneal cancer dissemination of undiagnosed malignancy.