

## Editorial by Women & Infants surgeon published in *Obstetrics & Gynecology*

*Dr. Charles Rardin contributes to the debate over the techniques used for specimen extraction*

PROVIDENCE – This spring, the U.S. Food and Drug Administration (FDA) issued a statement discouraging the use of laparoscopic power morcellation for the removal of the uterus or uterine fibroids, citing that the procedure poses risks of spreading undetected cancerous tissue. Since then, there has been much debate about the risks and benefits of using this technique.

An editorial by **CHARLES RARDIN, MD**, a urogynecologist in the Division of Urogynecology and Reconstructive Pelvic Surgery and director of the Robotic Surgery Program for Women at Women & Infants Hospital of Rhode Island, director of Minimally Invasive Surgery at Care New England, and associate professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University, entitled “Mitigating Risks of Specimen Extraction – Is In-Bag Power Morcellation an Answer?,” is published in the

August issue of *Obstetrics & Gynecology*.

“In use for more than 20 years, the technique of power morcellation has brought minimally invasive surgery to women with gynecologic issues requiring surgery, reducing the incidence of laparotomy, or ‘open’ surgery. This has resulted in reduced postoperative pain and recuperation time, and, by many studies’ estimation, reduced rates of pelvic infection, incisional hernia, thromboembolic disease, and adhesion formation,” said Dr. Rardin.

“Few would argue that tissue morcellation of known cancerous tissue is a poor surgical strategy,” continued Dr. Rardin. “But until there are more effective screening tools to detect unusual or undetected cancers, surgeons and



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hospitals need to develop appropriate responses that attempt to mitigate the risk of tissue spread during power morcellation procedures.

“Regardless of how surgeons and institutions seek to engage in safer power morcellation techniques, it behooves all surgeons to remember and retain our knowl-

edge and skill in other forms of minimally invasive surgery, including vaginal hysterectomy with extraction techniques,” he said. “Although comparative data are lacking, certain techniques of vaginal tissue extraction should keep any risk of dissemination to a minimum while preserving the patient’s benefits from the original minimally invasive surgery.” ❖

## Dr. Anderson publishes letter on embryo transfer policies

PROVIDENCE – **BRENNA ANDERSON, MD**, of the Division of Maternal-Fetal Medicine at Women & Infants of Rhode Island and an associate professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University, has published a commentary in the current issue of *BJOG: An International Journal of Obstetrics and Gynaecology*, now available online, entitled “The time has come to consider neonatal outcomes when designing embryo transfer policies.”

Dr. Anderson offers her commentary in response to an article in the same issue by Kamphius et al. in which the authors seek to determine “whether an individual’s preterm birth risk should be incorporated into embryo transfer policy for women undergoing in vitro fertilization.”

Dr. Anderson writes, “Kamphius et al. considered only one risk factor for preterm birth, albeit the most important



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one: prior preterm birth...While preterm birth is an important factor to consider in subsequent preterm birth risk, one wonders whether a more accurate prediction could be generated using a more complex model, akin to the model developed as part of the Eunice Kenney Shriver National Institutes of Child Health and Human Development’s Neonatal Research Network’s calculator for outcomes among extremely preterm infants.”

She explains that this model calculates risk of preterm birth using five clinical factors: gestational age at birth, birthweight, gender, receipt of antenatal corticosteroids, and multiple gestations. “This calculator might provide a risk of preterm birth as well as an average anticipated length of gestation,” Dr. Anderson explains. “Such a tool, if reliable and easy to use, would be highly useful for patients and clinicians contemplating embryo transfer.” ❖