Comparison of hand or motor driven hysteroscopic removal systems

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON21102

Source Nationaal Trial Register

Brief title REMOVE 9 (REsectr (9fr) for the MOrcellation of Endometrial polyps)

Health condition

- polyp

- hysteroscopy
- Minimally Invasive Surgical Procedures

Sponsors and support

Primary sponsor: Catharina Hospital EindhovenGhent University HospitalSource(s) of monetary or material Support: Boston Scientific

Intervention

Outcome measures

Primary outcome

Primary Objective: Comparing installation and operating time between the Truclear HM device and the Resectr® 9.0 fr HM device for removal of intrauterine large polyps.

Secondary outcome

Secondary Objective(s): Comparing data on procedure time, peri- and postoperative complications (e.g. fluid deficit, conversion rates, perforation), postoperative availability of tissue for pathology analysis and pathology diagnosis, pain scores, evaluation of surgeons convenience during procedures and efficiency (completeness of resection and persistence of symptoms or abnormalities at 6 weeks follow-up).

Study description

Background summary

Nowadays, the hysteroscopic morcellator (HM) is a widely used technique for removal of intrauterine polyps. Various mechanical, motor-driven tissue removal systems are used in clinical setting (Truclear; Medtronic, Minneapolis Minnesota, MyoSure; Hologic, Bedford, MA and Bigatti;Karl Storz Tuttlingen, Germany). Recently, a new mechanical, hand-driven device was launched (Resectr®; Boston Scientifc, Marlborough, MA). It has advantages due to the simplicity and low costs. Furthermore, in vitro testing shows similar resection speed as the motorized device. This study wants to compare the resection speed of two different devices for removal of polyps (≥ 8 mm, ≤ 20 mm) in terms of efficiency and complications.

Study objective

To compare the resection speed of two different devices for removal of polyps (≥ 8 mm - ≤ 20 mm) in terms of efficiency and complications.

Study design

- diagnosis intrauterine polyps
- confirmation by ultrasound, saline infusion sonography and/or ambulant diagnostic hysteroscopy
- inclusion in study
- randomisation and removal of polyps
- 6 weeks post operation: follow-up

Intervention

-Group 1: removal of intrauterine polyps with Truclear hysteroscopic morcellator -Group 2: removal of intrauterine polyps with Resectr hysteroscopic morcellator

Contacts

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Eligibility criteria

Inclusion criteria

- endometrial polyps largest diameter \ge 8mm - \le 20 mm

- intrauterine polyps confirmed by ultrasound, saline infusion sonography and/or ambulant diagnostic hysteroscopy

Exclusion criteria

- Polyps largest diameter smaller than 8 mm
- Polyps largest diameter larger than 20 mm
- Myomas
- Visual or pathological (e.g. on biopsy) evidence of malignancy
- preoperatively or at the time of operation
- Untreated cervical stenosis making safe access for operative hysteroscopy impossible as diagnosed preoperatively or at the time of operation
- A contra-indication for operative hysteroscopy
- Significant language barrier
- Pregnant women

Study design

Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-09-2018
Enrollment:	140
Туре:	Anticipated

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Positive opinion	
Date:	
Application type:	

27-03-2018 First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL6922
NTR-old	NTR7118
Other	Catharina Hospital Eindhoven : EC/2017/1576

Study results