

# Laparoscopic Uterine Cerclage : Safe and Effective?

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## Study Objective

To determine the safety and efficacy of all cases of laparoscopic uterine cerclage performed in a tertiary referral centre over a 14 year time period.

## Design

Retrospective Cohort Study.

## Setting

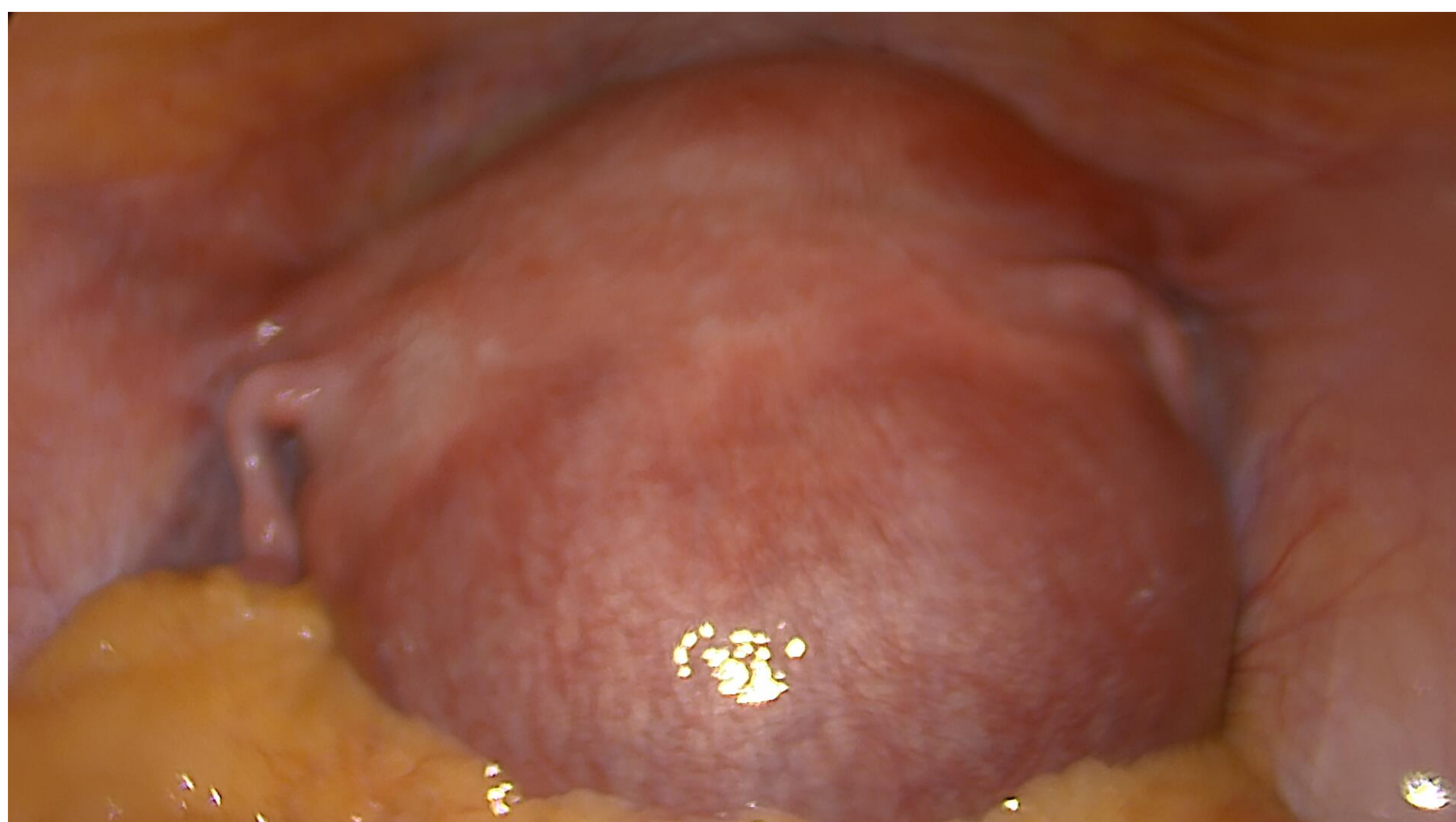
Tertiary referral centre and University Teaching Hospital.

## Patients or Participants

All patients who underwent laparoscopic uterine cerclage from March 2010 to September 2023.

## Interventions

Laparoscopic insertion of uterine cerclage.

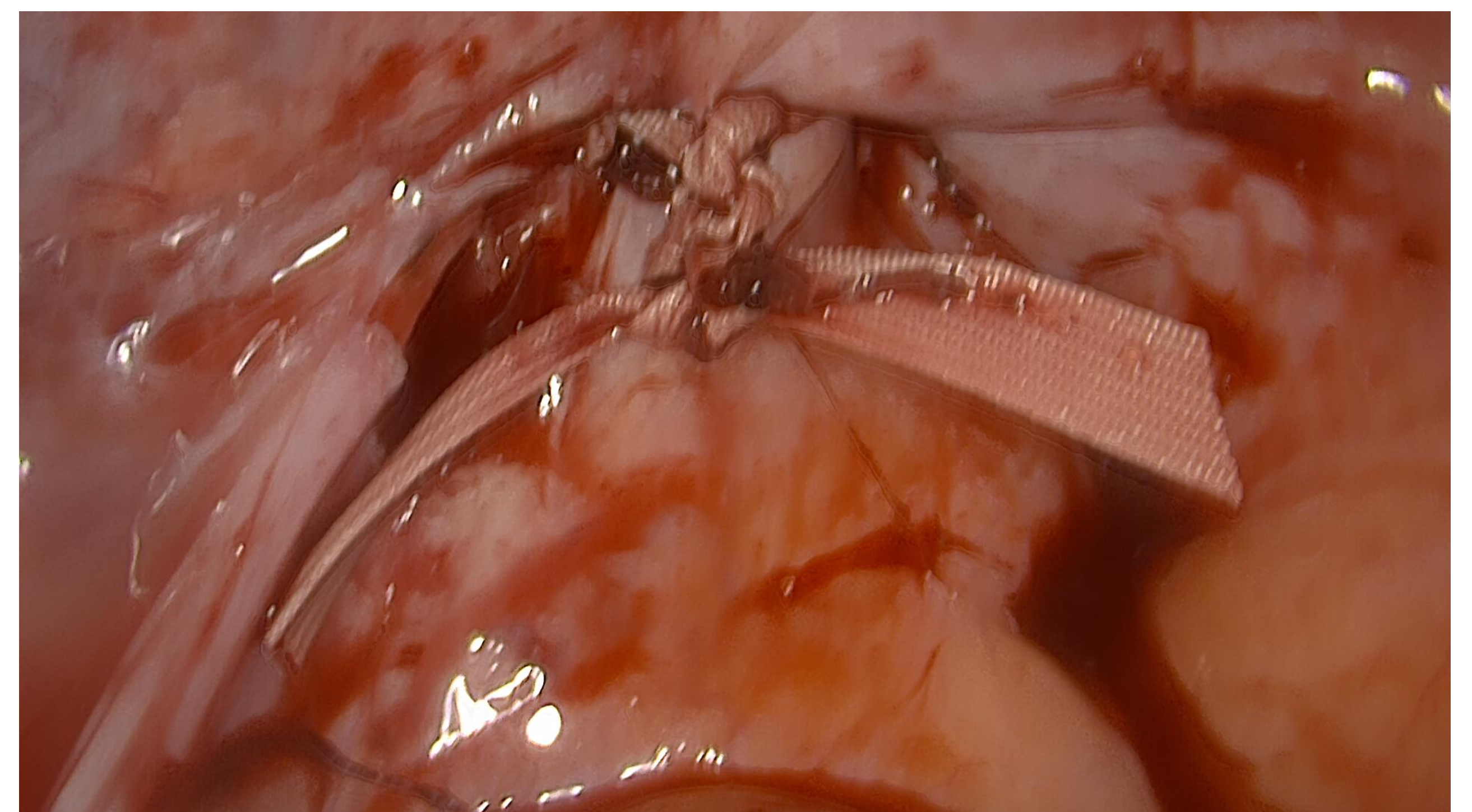


14 week gravid uterus at Laparoscopy Ken Ma

## Measurements and Main Results

A total of 30 cases were identified. 30/30 patients presented with a history of recurrent pregnancy loss or extreme premature labour (below 26 weeks). Indication included further mid-trimester loss or extreme premature labour despite elective cervical cerclage (17/30), failed rescue cerclage (4/30) and a short cervix on ultrasound or failure to insert cervical cerclage (6/30). One intraoperative complication was noted in the form of a uterine perforation sutured at the time with no sequelae. Mean operating time was 98 minutes (Range 52-146). No post-operative complications or readmissions were noted.

Of the 21 patients who underwent surgery greater than 12 months ago, there were 14 spontaneous conceptions (14/21 patients), two 1st trimester miscarriages and 12 livebirths after 37 weeks gestation by elective or emergency caesarean section. In the 2 patients who suffered a miscarriage the first had a surgical evacuation without complication, the second required no intervention. 2 of the laparoscopic insertion of uterine cerclages were performed in patients already pregnant, the first at 9 weeks gestation, no complications, delivered by caesarean section at 37+0 weeks gestation. The second at 12 weeks gestation, with no complication and an on-going pregnancy.



Abdominal Cerclage, Knot Tied Posteriorly Ken Ma

## Conclusion

Laparoscopic uterine cerclage remains a novel technique with a strict inclusion criteria requiring regular surveillance and audit of outcomes. There are currently no robust randomized control trials comparing management options for women with recurrent pregnancy loss after elective cervical cerclage. Despite the small numbers our results indicate that this technique has a good safety profile and efficacy in livebirths rates >34 weeks. Our results supports expansion of this service at a regional level through multi-disciplinary assessment to enable this technique becoming an established practice.