

# The effect of the laparoscopic reconstruction of a caesarean scar (Niche)

<b>Submission date</b> 23/04/2013	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 27/02/2014	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 14/09/2023	<b>Condition category</b> Surgery	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

In Western countries, caesarean rates are rising. A niche is a cavity that can develop at the site of an old caesarean section scar which occurs in approximately 60% of the women who had a caesarean section. A niche can cause abnormal uterine blood loss, intracavitary accumulation of fluid and inaccessibility of the uterine cavity (i.e. for intra-uterine insemination or embryo transfer). Surgical therapy can possibly reduce these complaints. In general, a hysteroscopic resection (surgery using a thin telescope called a hysteroscope and no incision is made) and/or coagulation of the vessels in the niche will be sufficient. However, in the case of a large niche, a laparoscopic resection (surgery in which only small incisions are made) and closure of the niche are preferred. It is assumed that in these cases the risk of bladder injury during hysteroscopic niche resection is too high. The main aim is to study the effectiveness of laparoscopic niche resection in the treatment of niche-related bleeding disorders. Other aims are to study the effect of laparoscopic niche resection on menstrual pain, quality of life and fertility, intracavitary accumulation of fluid and niche characteristics.

### Who can participate?

Women with niche-related abnormal uterine blood loss, dysmenorrhoea (painful periods) or accumulation of intracavitary fluid with residual myometrium (middle layer of the uterine wall) < 3mm

### What does the study involve?

All patients will undergo surgery (laparoscopic niche resection) and will be followed up for 6 months after the surgery.

### What are the possible benefits and risks of participating?

We expect that laparoscopic reconstruction of a niche will reduce prolonged menstrual bleeding, and associated menstrual pain and as a consequence will improve related quality of life. In addition, we expect the laparoscopic niche reconstruction to reduce the accumulation of intra-uterine fluid. We additionally expect the reconstruction to increase the thickness of the remaining myometrium between the bladder and the niche. Risks of the intervention include bleeding and bladder injury during the surgery and incomplete niche reconstruction.

Where is the study run from?  
VU University Medical Center (Netherlands).

When is the study starting and how long is it expected to run for?  
The study started in September 2009 and will continue until December 2015.

Who is funding the study?  
VU University Medical Center (Netherlands).

Who is the main contact?  
Prof. Dr. H.A.M. Brolmann, h.brolmann@vumc.nl

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof H.A.M. Brölmann

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

**Secondary identifying numbers**  
ABR: NL37922.029.11

## Study information

**Scientific Title**  
The effect of the laparoscopic reconstruction of a caesarean scar (Niche): an observational pilot study

**Acronym**  
LapNiche

**Study objectives**

Laparoscopic niche resection will reduce the complaints and possibly increase fertility chances in women with a niche with residual myometrium < 3 mm and complaints of abnormal uterine blood loss / dysmenorrhoea or intracavitary accumulation of fluid.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Ethical Board VUmc, 02/10/2011, ref.:2011/297

**Study design**

Observational study of an intervention (prospective cohort study)

**Primary study design**

Observational

**Secondary study design**

Cohort study

**Study setting(s)**

Hospital

**Study type(s)**

Treatment

**Participant information sheet**

Not available in web format, please use the contact details below to request a patient information sheet

**Health condition(s) or problem(s) studied**

Abnormal Uterine Bleeding / Niche resection

**Interventions**

This is an observational study of an intervention, laparoscopic niche resection.

There is only one study arm. The laparoscopic niche resection/reconstruction is an operative laparoscopy where the roof of the niche is resected and the myometrial wound is closed in two layers with Vicryl. The operation is performed under hysteroscopic guidance and lasts about 2-3 hours. The patient is followed up for 6 months after the intervention. Symptoms of postmenstrual spotting are assessed and a transvaginal ultrasound is made and compared to baseline values.

**Intervention Type**

Procedure/Surgery

**Phase**

Not Applicable

**Primary outcome measure**

Reduction of abnormal uterine blood loss in days, measured at baseline and after 3, 6, 9 and 12 months

### **Secondary outcome measures**

1. Quality of life (SF36)
2. Dysmenorrhoe
3. Fertility/pregnancy
4. Intracavitary accumulation of fluid

All above outcomes measured at baseline and after 3, 6, 9 and 12 months

### **Overall study start date**

01/01/2009

### **Completion date**

31/01/2018

## **Eligibility**

### **Key inclusion criteria**

1. A niche with residual myometrium < 3 mm (as measured with SIS / GIS)
2. Complaints of abnormal uterine blood loss, dysmenorrhoea or accumulation of intracavitary fluid
3. Premenopausal women aged above 18

### **Participant type(s)**

Patient

### **Age group**

Adult

### **Lower age limit**

18 Years

### **Sex**

Female

### **Target number of participants**

50

### **Total final enrolment**

133

### **Key exclusion criteria**

1. Pregnancy
2. Age below 18
3. Other disorders that may induce spotting [polyps (everywhere in the uterus/cervix are exclusion criteria except those in the niche)], fibroids, known atypical endometrial cells, cervical dysplasia, cervical or pelvic infection, assumed malignancy, irregular cycle (>35 days or intercycle

variation of 2 weeks or more)

4. Contra-indications for spinal or general anaesthesia

**Date of first enrolment**

01/01/2009

**Date of final enrolment**

12/12/2015

## **Locations**

**Countries of recruitment**

Netherlands

**Study participating centre**

**Department of Obstetrics and Gynaecology**

Amsterdam

Netherlands

1007 MB

## **Sponsor information**

**Organisation**

VU University Medical Center (Netherlands)

**Sponsor details**

C/O Prof. Dr. H.A.M. Brolmann

Department of Obstetrics and Gynaecology

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1007 MB

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.vumc.com/>

**ROR**

<https://ror.org/00q6h8f30>

## **Funder(s)**

**Funder type**

Hospital/treatment centre

**Funder Name**

Time of the researchers is paid by the institution VU University Medical Center (VUmc) (Netherlands).

**Funder Name**

As it is an observational study of usual care the direct costs are reimbursed by the insurance company.

## Results and Publications

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date****Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	Long-term follow-up	12/09/2023	14/09/2023	Yes	No