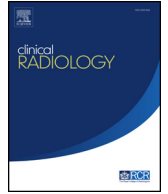




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Systematic review of uterine artery embolisation practice guidelines: are all the guidelines on the same page?

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AIM: To evaluate the degree of concordance amongst the currently available guidelines informing the use of uterine artery embolisation (UAE), and identify any inconsistencies present.

MATERIALS AND METHODS: Standards of practice and quality improvement guidelines were retrieved through a search of PubMed and EMBASE. Additional sets of guidelines were retrieved directly from the websites of known obstetrics and gynaecology and radiological associations.

RESULTS: Eleven guidelines were retrieved from organisations located in Europe, North America, and Australia. Two main points of divergence were identified in the presented guidance: firstly, on whether submucosal, subserosal, and/or pedunculate fibroids should be considered a relative contraindication to UAE; secondly, on whether UAE should be recommended as an option in patients desiring future fertility.

CONCLUSIONS: The guidelines reviewed generally suggest UAE to be a safe and effective option for fibroid treatment that can be offered as an alternative to surgical management; however, the number of differing interpretations arising from an apparently similar pool of evidence raises questions about the objectivity of practice guidelines. Although practice guidelines are understood to be a synthesis of clinical evidence and expert opinion, a systematic approach to presenting evidence is necessary to clearly distinguish empirically versus experientially informed guidance.

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Introduction

Uterine artery embolisation (UAE) has been in use for some years as a non-surgical treatment alternative for

symptomatic uterine fibroids. A growing body of evidence has supported the therapeutic effectiveness and safety of UAE, leading to its incorporation into clinical practice.^{1,2} Concurrently, a number of medical associations have developed guidelines to advise clinicians on appropriate patient selection and counselling for UAE. These guidelines offer insight into clinical questions, such as the effects of UAE on future fertility, the risks of clinical failure, or surgical re-intervention, and the impact of fibroid characteristics on clinical success.³ The nature of such guidance as syntheses

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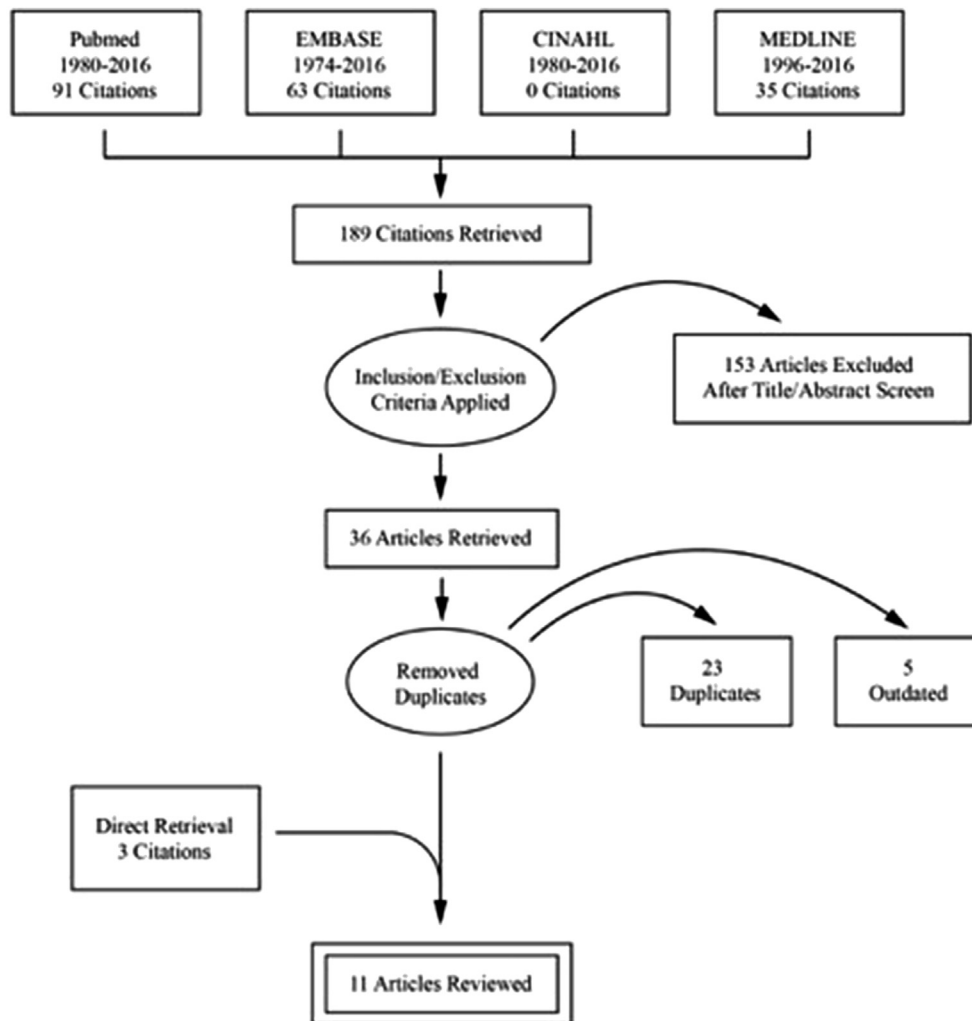


Figure 1 Flowchart of guideline inclusion and exclusion process. We identified 11 guidelines for inclusion within the review.

of both experimental evidence and expert opinion may cause them to vary between different commissioning groups.⁴ The rapidly evolving evidence on the use of UAE also makes such guidance time-sensitive. The 2014 Society of Interventional Radiology (SIR) UAE quality improvement guidelines provide an illustrative case in point. Since 2010, the document has adjusted its viewpoint on UAE in patients desiring fertility, UAE for adenomyosis, as well as UAE for pedunculate fibroids, which was previously contraindicated.^{5,6}

Given these sources of potential variance, the present study was undertaken to assess the level of concordance between the available guidance: do they all paint the same picture of UAE, or do they represent competing standards in clinical practice? This understanding is crucial in evaluating the usefulness of commissioned guidelines in informing clinical decisions, as well as determining how they should best be used. Conversely, identifying the discrepancies between sets of guidelines may yield insight into areas where the current UAE evidence remains ambiguous. The present study reviews several institutional guidelines for UAE in a comparative light, with the aim of highlighting any discrepancies that may reflect local differences in the use of

UAE, as well as identifying areas of controversy where further research is warranted.

Materials and methods

Guidelines were retrieved through a search of PubMed, EMBASE, CINAHL, and MEDLINE records as of March 2017 (Fig 1). Additional sets of guidelines not published in academic journals were directly retrieved from known obstetrics and gynaecology and radiological associations, which were identified through consultation with practicing interventional radiologists. Databases were searched using the following terms: leiomyoma, uterine fibroid, UAE, uterine fibroid embolisation, guidelines, standards of practice, and quality improvement (see Electronic Supplementary Material Appendix S1). Guidelines were selected based on the following criteria: (1) available in English; (2) deals partially or entirely with UAE for the treatment of symptomatic leiomyomas; (3) makes recommendations for clinical decisions relating to UAE (i.e., is not limited to a description of the procedure); and (4) was published or commissioned by one or several recognised

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