# The Randomised Uterine Septum Transsection Trial

Published: 03-11-2008 Last updated: 15-05-2024

This study will answer the question whether surgical intervention (metroplasty) in women with recurrent miscarriage and/or subfertility and a septate uterus will improve their reproductive outcome.

Ethical review

**Status** Recruitment stopped **Health condition type** Abortions and stillbirth

Study type Interventional

## **Summary**

#### ID

NL-OMON37108

#### Source

**ToetsingOnline** 

#### **Brief title**

**TRUST** 

#### **Condition**

- · Abortions and stillbirth
- Congenital reproductive tract and breast disorders
- Obstetric and gynaecological therapeutic procedures

#### **Synonym**

septate uterus, uterine septum

#### Research involving

Human

### **Sponsors and support**

**Primary sponsor:** Academisch Medisch Centrum

Source(s) of monetary or material Support: Ministerie van OC&W

#### Intervention

**Keyword:** hysteroscopic septoplasty, recurrent miscarriage, septate uterus, subfertility

#### **Outcome measures**

#### **Primary outcome**

Primary outcome is live birth rate in each treatment group.

#### **Secondary outcome**

Secondary outcomes are complications following hysteroscopic metroplasty; uterine perforation, fluid overload, endometritis, clinical pregnancy and miscarriage. In a subsequent pregnancy, we will look at the prevalence of adversary pregnancy outcomes, placental abruption, premature delivery, uterine rupture, and mode of delivery (vaginal vs. caesarean section).

## **Study description**

#### **Background summary**

It is recognized that the prevalence of the septate uterus is increased in women with recurrent miscarriage.

At present the finding of a septate uterus in women with recurrent miscarriage is not an indication for surgical correction of the septum.

The role of hysteroscopic metroplasty in patients with a septate uterus and subfertility has neither been evaluated properly. The current literature regarding the incidence and probable causes of subfertility among women with congenital uterine anomalies is insufficient to allow any robust conclusions to be drawn.

Whether hysteroscopic metroplasty should be performed in this group of patients to improve fecundity is subject of debate.

It is questionable whether hysteroscopic metroplasty in women with recurrent miscarriage and or subfertility will improve their reproductive outcome.

### **Study objective**

This study will answer the question whether surgical intervention

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(metroplasty) in women with recurrent miscarriage and/or subfertility and a septate uterus will improve their reproductive outcome.

#### Study design

Randomized controlled trial.

#### Intervention

Random allocation to hysteroscopic metroplasty or no intervention.

#### Study burden and risks

We will compare expectant management with surgical intervention. The intervention under research is a commonly practiced and safe operative procedure in gynaecology, but it is not known whether it is efficacious. The risk and burden of participation is the risk of known complications following hysteroscopy.

### **Contacts**

#### **Public**

Academisch Medisch Centrum

Meibergdreef 9 1105AZ Amsterdam NL

#### Scientific

Academisch Medisch Centrum

Meibergdreef 9 1105AZ Amsterdam NL

## **Trial sites**

#### **Listed location countries**

Netherlands

## **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

#### Inclusion criteria

The trial will study women with a history of recurrent miscarriage or pregnancy loss before 20 weeks of gestational age and/or subfertility and a septate uterus. Recurrent miscarriage is defined as two or more, not necessarily consecutive, pregnancy losses before 20 weeks of gestational age. Subfertility is defined as the inability to conceive for a minimal period of one year. Only women with an active wish to conceive will be eligible.

#### **Exclusion criteria**

Prior inclusion in the TRUST study. Contraindications for surgery.

## Study design

### **Design**

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Open (masking not used)

**Primary purpose:** Prevention

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-10-2010

Enrollment: 68

Type: Actual

## **Ethics review**

Approved WMO

Date: 17-11-2011
Application type: Amendment

Review commission: METC Amsterdam UMC

## **Study registrations**

### Followed up by the following (possibly more current) registration

No registrations found.

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

ID: 27552 Source: NTR

Title:

### In other registers

Register ID

CCMO NL24082.018.08 OMON NL-OMON27552

## **Study results**

Date completed: 28-10-2018

Actual enrolment: 67

**Summary results** 

Trial is onging in other countries