Evidence-based diagnosis and treatment for uterine septum: a guideline.

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American Society for Reproductive Medicine (ASRM)

Practice Committee of the American Society for Reproductive Medicine. Evidence-based diagnosis and treatment for uterine septum: a guideline. Fertil Steril. 2024 Aug;122(2):251-265. [66 references] *PubMed*

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Overview

Guideline Objective

To provide evidence-based recommendations regarding the diagnosis and effectiveness of surgical treatment of a uterine septum

Patient Population

Patients with suspected or confirmed septate uterus

Recommendations

Recommendation Statements

How to diagnosis a uterine septum?

- It is recommended to use 3D transvaginal ultrasound (TVUS) with or without saline infusion as the first-line noninvasive diagnostic tool in uterine shape assessment. (**Strength of Evidence: B; Strength of Recommendation: Moderate**)

Does a septum impact fertility?

- No recommendation can be made regarding the association between a septate uterus and infertility due to insufficient evidence. (**Strength of Evidence: C; Strength of recommendation: No recommendation**)

Does a septum contribute to pregnancy loss or adverse pregnancy outcome?

- It is recommended to counsel patients that the presence of a septate uterus is associated with spontaneous abortion and obstetric complications. (**Strength of Evidence: B; Strength of Recommendation: Moderate**)

Does treating a septum improve fertility in infertile patients?

- Although septum incision in patients with infertility and/or undergoing fertility treatment is reasonable, a firm recommendation for this practice cannot be made on the basis of the current evidence.

- It is recommended to counsel patients with infertility and/or undergoing fertility treatment that resection of septum may or may not be associated with an increase in live births. Given limitations in the literature and the low risk of the procedure, septum incision may be offered to patients in a shared decision-making model. (**Strength of Evidence: B; Strength of Recommendation: Moderate**)

Does treating a septum improve obstetrical outcomes?

- It is recommended to offer hysteroscopic septum incision to patients with a septum and a history of recurrent miscarriage in a shared decision-making model. (**Strength of Evidence: B; Strength of Recommendation: Moderate**)

- It is recommended to counsel patients that septum incision may decrease the risk of adverse obstetric outcomes such as malpresentation and cesarean section, but there are no high-quality data to recommend this practice. (**Strength of Evidence: B; Strength of Recommendation: Moderate**)

Are septum characteristics associated with reproductive outcomes?

- It is not recommended to use septum characteristics such as size or shape to determine the impact on adverse reproductive outcomes. (**Strength of Evidence: B/C; Strength of recommendation: Moderate/ Weak**)

Should preoperative management to thin the endometrium be used?

- It is recommended, on the basis of expert committee opinion, to consider performing the procedure during the follicular phase or after progesterone withdrawal to help with visualization during surgery. However, there are no studies designed to prove or disprove this. (**Strength of Evidence: Insufficient; Strength of recommendation: Weak**)

Are there any risks of cervical insufficiency by resecting the cervical portion of the septum?

- It is recommended to counsel patients that, on the basis of limited data, there is no evidence that resection of the unicollis cervical septum increases the risk of cervical insufficiency. (**Strength of Evidence: C; Strength of recommendation: Weak**)

Is there a benefit to complete excision of residual (<10mm) septum?

- It is not recommended to perform another surgery for a residual septum under 1 cm. (**Strength of Evidence: C; Strength of recommendation: Weak**)

Is adhesion prevention needed?

- There is insufficient evidence to recommend routine administration of oral estrogen, intrauterine balloons, and intrauterine devices (IUDs) to decrease adhesion formation after resection of a septum. (**Strength of Evidence: C; Strength of recommendation: Weak**)

Is there an increased risk of uterine rupture in a pregnancy after a hysteroscopic resection of a septum?

- It appears the rate of uterine rupture after resection of a septum is rare; however, this outcome is not often reported on in the current literature. (**Strength of Evidence: B/C; Strength of recommendation: Insufficient data to make a recommendation**)

How long after surgical treatment of a uterine septum should a patient wait to conceive?

- It is recommended to counsel patients that they may proceed with fertility treatment in 1–2 months after resection of a septum. (**Strength of Evidence: C; Strength of recommendation: Weak**)

How should an incidentally discovered septum be managed in a patient who is not (yet) trying to conceive?

- There is insufficient evidence to recommend hysteroscopic resection of a septum in patients who have not yet attempted conception. (**Strength of Evidence: Insufficient; Strength of recommendation: Insufficient evidence to make recommendation**)

Evidence Rating Scheme

Rating for Quality of Evidence

Quality of Evidence	Definition
High quality	• Target population clearly identified • Sufficient sample size for the study design • Clear description of study design • Appropriate control(s) • Generalizable results • Definitive conclusions • Minimal risk of bias • Limitations do not invalidate conclusions • Evidence primarily based on well-designed systematic reviews or meta-analyses of randomized controlled trials (RCTs)
Intermediate quality	• Target population • Sufficient sample size for the study design but could benefit from larger studies • Control group identified • Reasonably consistent results which limitations do not invalidate • Fairly definitive conclusions • Low risk of bias • Evidence primarily based on small RCTs; systematic reviews or meta-analyses of a combination of RCTs, controlled trials without randomization, and cohort studies; controlled trials without randomization; and/or well-designed observational studies

Low quality	• Insufficient sample size for the study design • Discrepancies among reported data • Errors in study design or analysis • Missing significant information • Unclear or inconsistent results • High risk of bias due to multiple flaws so that conclusions cannot be drawn • High uncertainty about validity of conclusions

Rating for Strength of Evidence

Strength of Evidence	Definition
Grade A	High confidence in evidence. Larger or further study very unlikely to change reported effect. Majority of evidence supported by well-constructed RCTs or extremely strong and consistent observational studies with generalizable results, sufficient sample sizes for the study design, adequate controls, definitive conclusions, and minimal risk of bias.
Grade B	Moderate confidence in evidence. Larger or further studies not likely to change reported effect but may more precisely identify magnitude of effect. Majority of evidence comprised of RCTs with potential weaknesses including small sample size or generalizability or moderately strong and consistent observational studies with reasonably consistent results, sufficient sample sizes for the study designs, identified appropriate controls, fairly definitive conclusions, low risk of bias.

Grade C	Low confidence in evidence. Evidence lacking to support reported effect. Evidence comprised of observational studies with significant methodological flaws and/or inconsistent findings based on poor evidence, inconsistent results, insufficient sample size for study design, conclusions that cannot be drawn, and/or high risk of bias.

Recommendation Rating Scheme

Scheme not provided.

Related Content

Supporting Documents

- Supplemental Table.

Implementation Tools

No implementation tools available.

Patient Education

No patient education materials available.

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TRUST Scorecard

Composition of Guideline Development Group (GDG)

Multidisciplinary GDG Members	**Yes**
Methodologist Involvement	**Yes**
Incorporation of Patient and Public Perspective	

Systematic Review of Evidence

Literature Search	
Study Selection	
Evidence Synthesis	

Foundations for Recommendations

Strength of Evidence Grade	
Description of Benefits and Harms of Recommendations	
Summary of Evidence Supporting Recommendations	
Strength of Recommendations Rating	
Clear Articulation of Recommendations	

Funding Source

Yes

Disclosure and Management of Financial Conflicts of Interests



External Review



Updating



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