NHS Scarborough & Ryedale and Vale of York Clinical Commissioning Groups

Hysterectomy for the Treatment of Menorrhagia – Commissioning Policy

Intervention	**Hysterectomy**
OPCS codes	**Abdominal Hysterectomy** Q071 Abdominal hysterocolpectomy and excision of periuterine tissue Q072 Abdominal hysterectomy and excision of periuterine tissue NEC Q073 Abdominal hysterocolpectomy NEC Q074 Total abdominal hysterectomy NEC Q075 Subtotal abdominal hysterectomy Q076 Excision of accessory uterus Q078 Other specified abdominal excision of uterus Q079 Unspecified abdominal excision of uterus **Vaginal Hysterectomy** Q081 Vaginal hysterocolpectomy and excision of periuterine tissue Q082 Vaginal hysterectomy and excision of periuterine tissue NEC Q083 Vaginal hysterocolpectomy NEC Q088 Other specified vaginal excision of uterus Q089 Unspecified vaginal excision of uterus **Laparoscopic Abdominal Hysterectomy** Any of Q071 to Q079 Y751 Laparoscopically assisted approach to abdominal cavity Y752 Laparoscopic approach to abdominal cavity NEC **Laparoscopic Vaginal Hysterectomy** Any of Q081 to Q089 Y751 Laparoscopically assisted approach to abdominal cavity Y752 Laparoscopic approach to abdominal cavity NEC
For the treatment of	**Menorrhagia (heavy menstrual bleeding, HMB)**
Background	This Commissioning Policy is required to outline referral criteria/thresholds along with evidence based conservative treatment prior to referral for surgery. This policy has been developed using appropriate latest NICE guidance[1, 2] and other peer reviewed evidence which is summarised here in order to guide and inform referrers. The focus is on women of reproductive age.
Commissioning position	Hysterectomy for menorrhagia is commissioned within a set of strict criteria and guidance which should be followed in determining when to refer patients to secondary care as follows. 'Patient choice' to opt for hysterectomy without any form of prior conservative treatment is <u>not routinely commissioned</u>. NHS Scarborough & Ryedale and Vale of York CCGs <u>will only fund hysterectomy</u> for heavy menstrual bleeding (HMB) when **ALL** of the following conditions are satisfied: • There has been an unsuccessful trial, of at least 6 cycles, with a levonorgestrel intrauterine system (LNG-IUS) (eg Mirena®) unless medically contra-indicated (see note 3) **AND** • A second pharmaceutical treatment (unless contra-indicated) has been tried for a clinically suitable number of cycles and has also failed. These pharmaceutical treatments include:

- non-hormonal:
    a. tranexamic acid
    b. NSAIDs (non-steroidal anti-inflammatory drugs)
- hormonal:
    a. combined hormonal contraception
    b. cyclical oral progestogens
    c. Injected progesterone

AND

- Endometrial ablation has been tried (unless the patient has fibroids >3cm, an abnormal uterus or other contraindications), or uterine artery embolization or myomectomy (if appropriate), and have failed to relieve symptoms or are contraindicated

OR

The CCGs will fund hysterectomy for heavy menstrual bleeding due to **fibroids greater than 3cm** when any of the following criteria are satisfied:

- Other symptoms (e.g. pressure symptoms) are present
- There is evidence of severe impact on quality of life
- Other pharmaceutical, surgical and radiological treatment options have failed, or are contraindicated
- Patient has been offered myomectomy and / or uterine artery embolization (unless medically contraindicated)
- There is structural / histological abnormality of the uterus
- The woman no longer wishes to retain her uterus and fertility

Notes:

1. Not all LNG-IUSs have a UK marketing authorisation for this indication; NSAIDs and some combined hormonal contraceptives do not have a UK marketing authorisation for this indication[1].

2. Be aware that progestogen-only contraception may suppress menstruation, which could be beneficial to women with heavy menstrual bleeding[2]

3. Medical contra-indications to LNG-IUS coil insertion include:
- Large fibroids (> 3cm) or distorted uterine cavity
- Severe anaemia, unresponsive to transfusion or other treatment whilst an LNG-IUS trial is in progress or established
- Marked immunosuppression
- Pelvic inflammatory disease
- Genital malignancy or active trophoblastic disease (rare causes of menorrhagia)
- UK Medical Eligibility Criteria for Contraceptive Use category 3[3]

4. Endometrial ablation is suitable for women who do not want to conceive in the future and should only be offered after full discussion of risks and benefits and other treatment options.

Summary of evidence / rationale	Hysterectomy is a major operation and is associated with significant complications in a minority of cases. Since the 1990s the number of hysterectomies has been decreasing rapidly and it should not be used as a first line treatment solely for HMB. There are now a range of alternative treatment options for HMB. NICE NG88 Heavy menstrual bleeding: assessment and management (2018)[1] suggests consider an LNG-IUS as the first treatment for HMB in women with: • no identified pathology **or** • fibroids less than 3 cm in diameter, which are not causing distortion of the uterine cavity **or** • suspected or diagnosed adenomyosis (Previous NICE guidance in 2007 stated that the Mirena® device is effective in the treatment of menorrhagia and is considerably cheaper than a hysterectomy, even if required for many years, and allows the fertility of the woman to be maintained.) If a woman with HMB declines an LNG-IUS or it is not suitable, it suggests considering other pharmacological treatments (non-hormonal or hormonal). If treatment is unsuccessful, the woman declines pharmacological treatment, or symptoms are severe, it suggests considering referral to specialist care for appropriate investigations and alternative treatment choices, including endometrial ablation. A recent Cochrane review compared the effectiveness, safety and acceptability of surgery versus medical therapy for heavy menstrual bleeding[4]. It states that hysterectomy, endometrial surgery and the LNG-IUS were all effective in reducing heavy menstrual bleeding. Although hysterectomy will stop heavy menstrual bleeding, it is associated with serious complications and most women should probably try a less radical treatment as first-line therapy. Both conservative surgery and LNG-IUS appear to be safe, acceptable and effective. The supporting evidence is given in more detail in the evidence reviews and statements from the clinical guidelines on heavy menstrual bleeding given below.[1,2] For details of the primary studies and systematic reviews that NICE used to make their recommendations and a full bibliography, see their full guidance at www.nice.org.uk
Date effective from	September 2018
Date published	September 2018
Review date	2020

References:

1. Heavy menstrual bleeding: assessment and management NICE guideline (NG88) March 18
2. NICE CKS Menorrhagia June 2017 https://cks.nice.org.uk/menorrhagia#!scenario
3. Faculty of Sexual and Reproductive Healthcare https://www.fsrh.org/ukmec
4. Surgery versus medical therapy for heavy menstrual bleeding Cochrane review Jan 2016

http://www.cochrane.org/CD003855/MENSTR_surgery-versus-medical-therapy-heavy-menstrual-bleeding

Version	Created /actioned by	Nature of Amendment	Approved by	Date
1.0	Lead Clinician and Senior Service Imp Manager	Re-drafting and review of STP and SR/VoY policies. Minimal changes to previous commissioning positions. No consultation required	n/a	15.03.18
2.0	Dr Alison Forrester, Public Health Adviser Senior Service Improvement Manager	Review and update of threshold in line with NICE guidance Share of new draft internally	GP Clinical Leads, SR and VoY CCGs	16.04.18 03.05.18
FINAL	Senior Service Improvement Manager	Approval of threshold	SRCCG Business Committee VoY Clinical Executive	06.06.18 06.06.18