

## HYSTERECTOMY FOR MENORRHAGIA CRITERIA BASED ACCESS (CBA) POLICY

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Application Form	EBI Generic application form if appropriate to apply

**HYSTERECTOMY FOR MENORRHAGIA  
CRITERIA BASED ACCESS (CBA) POLICY**

<b>Section</b>	<b>CONTENTS</b>	<b>Page</b>
	Version Control	1
1	General Principles	2
2	Policy Criteria	3-4
3	Background	4-5
4	Evidence Based Interventions Application Process	5
5	Access To Policy	6
6	References	6

**VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	2223.v2b

**DOCUMENT CHANGE HISTORY**

<b>Version</b>	<b>Date</b>	<b>Comments</b>
1516.V1	July 2017	Change CSU template to SCCG template
1516.v1a	March 2018	New policy template, safety alert remove section 3.2.3
1718.v2	July 2022	3-year review. Amendment from Somerset CCG to NHS Somerset ICB and new PALS email address
2223.v2a	March 2023	Inclusion of Relugolix–estradiol–norethisterone acetate in 2.5. Wording change in 4.6

Equality Impact Assessment (EIA)	1516.v1 February 2016
Quality Impact Assessment QIA	20180220 v.1
Sponsoring Director:	
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## **1 GENERAL PRINCIPLES (CBA)**

- 1.1 Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from NHS Somerset ICB'S Evidence Based Interventions Service (EBI) by submission of an EBI application form
- 1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment
- 1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment
- 1.4 Referring patients to secondary / community care without them meeting the criteria or funding approval not secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment
- 1.5 On limited occasions, NHS Somerset ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meet the criteria to access treatment in this policy
- 1.6 Patients should be advised being referred does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.7 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.8 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.  
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>  
(Thelwall, 2015)
- 1.9 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

## 2 POLICY CRITERIA - CRITERIA BASED ACCESS (CBA)

NICE recommends that hysterectomy should not be used as a first-line treatment solely for heavy menstrual bleeding (HMB).<sup>13</sup> Heavy periods can be reduced by using medicines or intrauterine systems (IUS) or losing weight (if necessary)

Based on NICE guidelines [[Heavy menstrual bleeding: assessment and management \[NG88\] Published date: March 2018](#)], hysterectomy should not be used as a first-line treatment solely for heavy menstrual bleeding

It is important that healthcare professionals understand what matters most to each woman and support her personal priorities and choices

Hysterectomy should be considered only when: other treatment options have failed, are contradicted; there is a wish for amenorrhoea (no periods); the woman (who has been fully informed) requests it; the woman no longer wishes to retain her uterus and fertility

### 2.1 NICE guideline NG88 1.5 Management of HMB

[Overview | Heavy menstrual bleeding: assessment and management | Guidance | NICE](#)

2.2 When agreeing treatment options for HMB with women, take into account: the woman's preferences, any comorbidities, the presence or absence of fibroids (including size, number and location), polyps, endometrial pathology or adenomyosis, other symptoms such as pressure and pain

2.3 Treatments for women with no identified pathology, fibroids less than 3 cm in diameter, or suspected or diagnosed adenomyosis

2.4 Consider an LNG-IUS (levonorgestrel-releasing intrauterine system) 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

2.5 If a woman with HMB declines an LNG-IUS or it is not suitable, consider the following pharmacological treatments: non-hormonal: tranexamic acid, NSAIDs (non-steroidal anti-inflammatory drugs), hormonal: combined hormonal contraception, cyclical oral progestogens; Relugolix–estradiol–norethisterone acetate

2.6 Be aware that progestogen-only contraception may suppress menstruation, which could be beneficial to women with HMB

2.7 If treatment is unsuccessful, the woman declines pharmacological treatment, or symptoms are severe, consider referral to specialist care

for: investigations to diagnose the cause of HMB, if needed, taking into account any investigations the woman has already had and alternative treatment choices, including: pharmacological options not already tried (see recommendations 2.4 and 2.5), surgical options: second-generation endometrial ablation, hysterectomy

2.8 For women with submucosal fibroids, consider hysteroscopic removal

2.9 Patients who are not eligible for treatment under this policy, please refer to section 4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

### 3 **BACKGROUND**

3.1 A hysterectomy is a surgical procedure to remove the womb (uterus). You will no longer be able to get pregnant after the operation. It is more common for women aged 40-50 to have a hysterectomy.

3.2 If you haven't already gone through the menopause, you will also no longer have periods, regardless of your age. The menopause is when a woman's monthly periods stop, usually at around the age of 52.

3.3 Heavy periods, also called menorrhagia, is when a woman loses an excessive amount of blood during consecutive periods.

3.4 Menorrhagia can occur by itself or in combination with other symptoms, such as menstrual pain (dysmenorrhoea).

3.5 Heavy bleeding does not necessarily mean there is anything seriously wrong.

#### 3.6 **How much is heavy bleeding?**

It is difficult to define exactly what a heavy period is because the amount of blood lost during a period can vary considerably between women

3.7 The average amount of blood lost during a period is 30-40 millilitres (ml); with 9 out of 10 women losing less than 80ml. Heavy menstrual bleeding is considered to be 60-80ml or more in each cycle

3.8 However, it is rarely necessary to measure blood loss. Most women have a good idea about how much bleeding is normal for them during their period and can tell when this amount increases or decreases. A good indication that your blood loss is excessive is if:

- You feel you are using an unusually high number of tampons or pads
- You experience flooding (heavy bleeding) through to your clothes or bedding

- You need to use tampons and towels together

#### 4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 4.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy
- 4.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 4.3 Applications cannot be considered from patients personally
- 4.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 4.5 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context
- 4.6 EBI applications are reviewed and considered against clinical exceptionality
- For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB website and input into the 'Search this website' box clinical exceptionality. Click on the link to access the full NHS description of clinical exceptionality
- Social, Emotional and Environmental factors *i.e., income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application
- 4.7 Where appropriate photographic supporting evidence can be forwarded with the application form
- 4.8 An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:
- Significantly different to the general population of patients with the condition in question
  - Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

## 5 ACCESS TO POLICY

- 5.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067
- 5.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: [somicb.pals@nhs.net](mailto:somicb.pals@nhs.net)

## 6 REFERENCES

- The following sources have been considered when drafting this policy:
- 6.1 Laparoscopic laser myomectomy (IPG23, November 2003)  
<http://guidance.nice.org.uk/IPG23> 2
- 6.2 Photodynamic endometrial ablation (IPG47, March 2004) <http://guidance.nice.org.uk/IPG47> 3
- 6.3 Fluid-filled thermal balloon and microwave endometrial ablation techniques for heavy menstrual bleeding (TAG78, April 2004) <http://guidance.nice.org.uk/TA78> 4
- 6.4 Endometrial cryotherapy for menorrhagia (IPG157, March 2006)  
<http://guidance.nice.org.uk/IPG157> 5
- 6.5 [Heavy menstrual bleeding: assessment and management \[NG88\] Published date: March 2018](https://www.nice.org.uk/guidance/ng88) <https://www.nice.org.uk/guidance/ng88>
- 6.6 <https://www.nhs.uk/conditions/heavy-periods/#Causes>
- 6.7 NHS England EBI List 1  
[NHS England » Evidence-Based Interventions Programme Home - aomrcebi](#)
- 6.8 <https://www.nice.org.uk/guidance/ta832/resources/relugolixestradiolnorethisterone-acetate-for-treating-moderate-to-severe-symptoms-of-uterine-fibroids-pdf-82613427928261>