

DILATION AND CURETTAGE (D&C) FOR HEAVY MENSTRUAL BLEEDING IN WOMEN EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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Application Form	Generic EBI Application

**DILATION AND CURETTAGE (D&C) FOR HEAVY MENSTRUAL BLEEDING IN WOMEN
EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	2425.v1f

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1819 v1	January 2019	National Consultation policy CCPF & CEC amended wording EBI application by consultant, remove IFR and replace with EBI
1819.V1a	April 2022	3-year review, no clinical amendments
2223.v1b	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v1c	March 2023	Wording change 4.6
2223.v1d	June 2024	Logo change with amendment to website link and clinical exceptionality wording on 4.6
2425.v1e	January 2025	3-year review, and amendment to wording under general principles and EBI pathway

Equality Impact Assessment EIA	N/A
Quality Impact Assessment QIA	January 2019
Sponsoring Director:	Dr Bernie Marden
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1 GENERAL PRINCIPLES EBI (Evidenced Based Intervention)

- 1.1 Funding approval must be in place prior to treating patients for this prior approval treatment

Please note: Funding approval is given where there is evidence that the treatment requested is clinically effective and the patient has the potential to benefit from the proposed treatment

- 1.2 Receiving funding approval for the specified treatment requested, DOES NOT confirm that the patient will receive treatment or surgery. The patient MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken

- 1.3 The policy does not apply to patients with suspected malignancy who should continue to be referred under the NHS '2 week wait pathway' rules for assessment and testing as appropriate

- 1.4 Patients with an elevated BMI of 30 or more MAY experience more post-surgical complications including post-surgical wound infection and should be encouraged to lose weight further prior to seeking surgery

<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)

- 1.5 Patients who are smokers should be referred to a smoking cessation service to reduce the risk of surgery and improve healing

- 1.6 Prior approval funding is available for one year commencing the date of approval

2 POLICY CRITERIA NOT COMMISSIONED

- 2.1 Somerset ICB does not routinely commission dilation and curettage (D&C) for heavy menstrual bleeding

- 2.2 Dilation and curettage should not be used for diagnosis or treatment for heavy menstrual bleeding in women because it is clinically ineffective

- 2.3 Ultrasound scans and camera tests with sampling of the lining of the womb (hysteroscopy and biopsy) can be used to investigate heavy periods

- 2.4 Medication and intrauterine systems (IUS) can be used to treat heavy periods

- 2.5 Further information

- <https://www.nice.org.uk/guidance/ng88>

- <https://www.nhs.uk/conditions/hysteroscopy/#alternatives-to-hysteroscopy>

3 BACKGROUND

- 3.1 NICE guidelines recommend that D&C is not offered as a treatment option for heavy menstrual bleeding. There is very little evidence to suggest that D&C works to treat heavy periods and the one study identified by NICE showed the effects were only temporary
- 3.2 D&C should not be used to investigate heavy menstrual bleeding as hysteroscopy and biopsy work better
- 3.3 Complications following D&C are rare but include uterine perforation, infection, adhesions (scar tissue) inside the uterus and damage to the cervix

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 4.1 Patients who are not eligible for surgery under this policy may be considered for surgery on an individual basis where the 'CLINICIAN BEST PLACED' believes exceptional circumstances exist that warrant deviation from the rule of this policy

'THE CLINICIAN BEST PLACED' is deemed to be the GP or Consultant undertaking a medical assessment and/or a diagnostic test/s to determine the health condition of the patient.

- 4.2 Completion of a **Generic EBI Funding Application Form** must be sent to the EBI team by the 'clinician best placed' on behalf of the patient

Note. Applications CANNOT be considered from patients personally

- 4.3 Only electronically completed EBI applications emailed to the EBI Team will be accepted
- 4.4 It is expected that clinicians will have ensured that the patient, on behalf of whom they are forwarding the funding application, has given their consent to the application and are made aware of the due process for receiving a decision on the application within the stated timescale
- 4.5 Generic EBI Funding Applications are considered against '**clinical exceptionality**'. To eliminate discrimination for patients, social, environmental, workplace, and non-clinical personal factors CANNOT be taken into consideration.

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB / EBI webpage Evidence Based Interventions - [Evidence](#)

[Based Interventions - NHS Somerset ICB](#) and click on the section titled **Generic EBI Pathway**

- 4.6 Photographs can be forwarded with the funding application form to further support the clinical evidence provided where appropriate

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

6 REFERENCES

The following sources have been considered when drafting this policy:

- 6.1 NICE guidance: <https://www.nice.org.uk/guidance/ng88>
6.2 NHS advice: <https://www.nhs.uk/conditions/hysteroscopy/#alternatives-to-hysteroscopy>
6.3 MacKenzie IZ, Bibby JG. Critical assessment of dilatation and curettage in 1029 women. *Lancet* 1978;2(8089):566–8
6.4 Ben-Baruch G, Seidman DS, Schiff E, et al. Outpatient endometrial sampling with the Pipelle curette. *Gynecologic and Obstetric Investigation* 1994;37(4):260–2
6.5 Gimpelson RJ, Rappold HO. A comparative study between panoramic hysteroscopy with directed biopsies and dilatation and curettage. A review of 276 cases. *American Journal of Obstetrics and Gynecology* 1988;158(3 Pt 1):489–92