

## 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

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### VERSION CONTROL

<b>Document Status:</b>	Current policy
<b>Version:</b>	2526.v2d

### DOCUMENT CHANGE HISTORY

Version	Date	Comments
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
2223.v2b	July 2024	Logo change with amendment to website link and clinical exceptionality wording on 4.6
2425.v2c	May 2025	3-year review, wording amendment to general principles, removal of medical treatment and renumbering of section 2

<b>Equality Impact Assessment (EIA)</b>	February 2016
<b>Quality Impact Assessment QIA</b>	February 2018
<b>Sponsoring Director:</b>	Dr Bernie Marden
<b>Document Reference:</b>	2526.v2d

## **1 GENERAL PRINCIPLES (CBA)**

- 1.1 Treatment should only be given in line with these general principles.
- 1.2 Clinicians should assess their patients against the criteria within this policy AND ENSURE that compliance to the policy criteria is met by the patient PRIOR TO a referral to treatment or surgery
- 1.3 Treatment should ONLY be undertaken where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment
- 1.4 The ICB may approve funding for an ASSESSMENT ONLY to enable the Clinician to obtain further clinical evidence to help determine compliance to policy criteria by the patient.

In such cases, patients should be made aware that an assessment DOES NOT mean that they will automatically receive the treatment or surgery. The patient should be advised that, to effectively manage patient safety and ensure efficacy of the treatment/ surgery for the patient, they will only receive treatment or surgery if they meet policy criteria

- 1.5 Patients MUST CONSENT to receiving treatment/ surgery prior to treatment being undertaken
- 1.6 This 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
- 1.7 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)

- 1.8 Patients who are smokers should be referred to smoking cessation services to reduce the risk of surgery and improve healing
- 1.9 Where patients are unable to meet the specific treatment criteria set out in this policy, funding approval MAY be sought by submission of a Generic EBI application form to the Evidence Based Interventions (EBI) team on grounds of 'clinical exceptionality'

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

- 2.1 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)

NICE guideline NG88 1.5 Management of HMB

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

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 amenorrhea (no periods); the woman (who has been fully informed) requests it; the woman no longer wishes to retain her uterus and fertility

- 2.2 When agreeing treatment options for HMB with women, consider: 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 3cm 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 Be aware that progestogen-only contraception may suppress menstruation, which could be beneficial to women with HMB
- 2.6 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
- 2.7 For women with submucosal fibroids, consider hysteroscopic removal
- 2.8 NHS England EBI AOMRC  
[Hysterectomy for heavy menstrual bleeding - EBI/](#)

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

- 4.6 Where appropriate photographic supporting evidence can be forwarded with the application form

## 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>
- 6.2 Photodynamic endometrial ablation (IPG47, March 2004) <http://guidance.nice.org.uk/IPG47>
- 6.3 Fluid-filled thermal balloon and microwave endometrial ablation techniques for heavy menstrual bleeding (TAG78, April 2004) <http://guidance.nice.org.uk/TA78>
- 6.4 Endometrial cryotherapy for menorrhagia (IPG157, March 2006) <https://www.nice.org.uk/guidance/ipg157/resources/endometrial-cryotherapy-for-menorrhagia-pdf-304394077>
- 6.5 [Heavy menstrual bleeding: assessment and management \[NG88\]](https://www.nice.org.uk/guidance/ng88) Published date: March 2018 <https://www.nice.org.uk/guidance/ng88>
- 6.6 <https://www.nhs.uk/conditions/heavy-periods/#Causes>
- 6.7 <https://www.nice.org.uk/guidance/ta832/resources/relugolixestradiolnorethisterone-acetate-for-treating-moderate-to-severe-symptoms-of-uterine-fibroids-pdf-82613427928261>
- 6.8 NHS England EBI AOMRC (last reviewed September 2024) <https://ebi.aomrc.org.uk/interventions/hysterectomy-for-heavy-menstrual-bleeding/>