NHS Dorset Clinical Commissioning Group

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HYSTERECTOMY FOR MENORRHAGIA
Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

HYSTERECTOMY FOR MENORRHAGIA
CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

1.1 This protocol describes the exclusions and access criteria in respect of hysterectomy for menorrhagia. It is applied in accordance with the Policy for Individual Patient Treatments.

1.2 This protocol does not apply to patients who are covered under the criteria based access protocol for cosmetic surgery or via specialised commissioning pathways.

1.3 Menorrhagia is also known as heavy periods, and in most cases, no underlying cause of heavy periods is identified. However, some conditions and treatments have been linked to menorrhagia such as; uterine fibroids, intrauterine contraceptive devices (IUDs), anticoagulant medication and polycystic ovary syndrome (PCOS). Menorrhagia can occur by itself or in combination with other symptoms, such as menstrual pain (dysmenorrhoea).

1.4 Medication is the main treatment for menorrhagia and is most commonly used in the first instance, but surgery may also be used. In some cases, treatment is not necessary. If the heavy bleeding doesn't affect the patient's life or no serious cause is suspected, the patient may just be reassured that bleeding can vary over time for some women.

1.5 The aim of treating menorrhagia is to:

- reduce or stop excessive menstrual bleeding;
- improve the quality of life of women with menorrhagia;
- prevent or correct iron deficiency anaemia caused by heavy menstrual bleeding.

1.6 There are several types of operation that can be used to treat menorrhagia. A hysterectomy (removal of the womb) will stop any future periods, but should only be considered after other options have been tried or discussed. The operation and recovery time are longer than for other surgical techniques for treating heavy periods.

1.7 As with all major operations, there is a small risk of heavy bleeding (haemorrhage) after having a hysterectomy. Other complications can include:

- Ureter damage;
- Bladder or bowel damage;
- Infection;
- Thrombosis;
- Vaginal problems.

2. DEFINITIONS

2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

3.1 Hysterectomy for Menorrhagia is not routinely funded by NHS Dorset CCG and therefore is subject to this restricted policy.

3.2 Dorset CCG will fund hysterectomy for heavy menstrual bleeding (menorrhagia) only when:

a) There has been an unsuccessful trial with a levonorgestrel intrauterine system (e.g. Mirena®) and it has failed to relieve symptoms unless it is medically inappropriate, declined by the patient or contraindicated.

AND

b) At least two of the recommended treatments have failed, are not appropriate or are contra-indicated in line with the National Institute for Health and Clinical Excellence, 2015 (NICE) guideline CG44. The current recommended treatments can be found at: https://pathways.nice.org.uk/pathways/heavy-menstrual-bleeding#path=view%3A/pathways/heavy-menstrual-bleeding/treatment-options-for-heavy-menstrual-bleeding.xml&content=view-node%3Anodes-non-hysterectomy-surgery

AND

c) Surgical treatments such as endometrial ablation or myomectomy have failed to relieve symptoms, or are not appropriate, or are contra-indicated, or have been declined by the patient.

OR

d) Hysterectomy should only be considered as a first-line treatment solely for HMB when it is clinically appropriate and the woman (who has been fully informed) requests it.

4. EXCLUSIONS

4.1 Contraindications to the levonorgestrel intrauterine system, which can be found at: http://www.medicines.org.uk/emc/medicine/1829

4.2 For those who for ethical reasons cannot accept the use of Mirena®, they should have tried at least two of the alternative treatments in 3.2b.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition.

5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. INFORMATION FOR PATIENTS

6.1 The provision of information understandable to patients is central to the consent process. All patients should be provided with information on a hysterectomy for menorrhagia.

6.2 In all cases, GPs should provide patients with information related to hysterectomy for menorrhagia at NHS choices:

- http://www.nhs.uk/conditions/periods-heavy/Pages/Introduction.aspx#Treatment
- http://www.nhs.uk/Conditions/Hysterectomy/Pages/Introduction.aspx

7. CONSULTATION

7.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed by the Maternity and Family Health CDG which includes commissioners, clinicians and other relevant stakeholders.

7.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

8. RECOMMENDATION AND APPROVAL PROCESS

8.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

9. COMMUNICATION/DISSEMINATION

9.1 Following approval each Criteria Based Access Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

10. IMPLEMENTATION

10.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

11. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

11.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

Menorrhagia are defined as being when a woman loses an excessive amount of blood during consecutive periods.

A	DOCUMENT DETAILS
Procedural Document Number	98
Author (Name and Job Title)	Lianne Oldham, Programme Lead
Clinical Delivery Group (recommending group)	Maternity and Family Health
Date of recommendation by CDG	April 2017
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Review frequency	3 yearly
Review date	November 2017 (release of new guidance)

B	CONSULTATION PROCESS		
Version No	**Review Date**	**Author and Job Title**	**Level of Consultation**
2.0	June 2016	Lianne Oldham, Programme Lead	Dr Karen Kirkham, Locality Lead, Assistant Clinical Chair Dorset CCG

C	VERSION CONTROL				
Date of recommendation	**Version No**	**Review date**	**Nature of change**	**Approval date**	**Approval Committee**
June 2016	2.0	Nov 2017	Review of protocol and change into new format	October 2016	CDG

D	ASSOCIATED DOCUMENTS
•	Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group
•	Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group

E	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES	
Evidence	**Hyperlink (if available)**	**Date**
Laparoscopic laser myomectomy (IPG23, Nov 2003)	https://www.nice.org.uk/guidance/ipg23	2003
Photodynamic endometrial ablation (IPG47, March 2004)	https://www.nice.org.uk/guidance/ipg47	2004
Fluid-filled thermal balloon and microwave endometrial ablation techniques for heavy menstrual bleeding (TAG78, April 2004)	https://www.nice.org.uk/guidance/TA78	2004
Endometrial cryotherapy for menorrhagia (IPG157, March 2006)	https://www.nice.org.uk/guidance/ipg157	2006
Heavy menstrual bleeding (CG44, Jan 2007) (Last updated August 2016)	https://www.nice.org.uk/guidance/cg44	2007

F	DISTRIBUTION LIST		
Internal CCG Intranet	**CCG Internet Website**	**Communications Bulletin**	**External stakeholders**
✓	✓	✓	✓