

NHS England / NHS Dorset Clinical Commissioning Group

# Dilatation and Curettage (D&C) for Heavy Menstrual Bleeding in Women Criteria Based Access Protocol





## **NHS DORSET CLINICAL COMMISSIONING GROUP**

### **DILATATION AND CURETTAGE (D&C) FOR HEAVY MENSTRUAL BLEEDING IN WOMEN CRITERIA BASED ACCESS PROTOCOL**

#### **1. INTRODUCTION AND SCOPE**

- 1.1 NICE guidelines recommend that D&C is not offered as a diagnostic or treatment option for heavy menstrual bleeding, as there is very little evidence to suggest that it works to investigate or treat heavy periods<sup>9</sup>.
- 1.2 Ultrasound scans and camera tests, with sampling of the lining of the womb (hysteroscopy and biopsy), can be used to investigate heavy periods. Medication and intrauterine systems (IUS), as well as weight loss (if appropriate) can treat heavy periods.
- 1.3 Dilation and curettage (D&C) is a minor surgical procedure where the opening of the womb (cervix) is widened (dilatation) and the lining of the womb is scraped out (curettage).

#### **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 Dilatation and Curettage (D&C) is not commissioned by Dorset Clinical Commissioning Group.
- 3.2 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. D&C should not be used to investigate heavy menstrual bleeding as hysteroscopy and biopsy work better. Complications following D&C are rare but include uterine perforation, infection, adhesions (scar tissue) inside the uterus and damage to the cervix.

#### **4. EXCLUSIONS**

- 4.1 There are no exclusions.
- 4.2 D&C should not be used for diagnosis or treatment for heavy menstrual bleeding in women because it is clinically ineffective. Ultrasound scans and camera tests with sampling of the lining of the womb (hysteroscopy and biopsy) can be used to investigate heavy periods. Medication and intrauterine systems (IUS) can be used to treat heavy periods.

#### **5. CASES FOR INDIVIDUAL CONSIDERATION**

- 5.1 NHS Dorset Clinical Commissioning Group recognises that there will be occasions when patients may have good clinical reasons for being treated as exceptions to the above. The IPT Policy is available on the NHS Dorset Clinical Commissioning Group website or upon request. 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](mailto:individual.requests@dorsetccg.nhs.uk)

## **6. AUDIT AND GOVERNANCE**

- 6.1 There is a national requirement for all requests for dilatation and curettage for heavy menstrual bleeding in women to be accompanied by an Individual Funding Request. This will be audited regularly.

## **7. CONSULTATION**

- 6.1 This protocol is produced in line with NHS England Evidence Based Interventions Policy (11<sup>th</sup> January 2019) following national consultation July 2018 to November 2018).

## **8. RECOMMENDATION AND APPROVAL PROCESS**

- 8.1 This access protocol has been approved on behalf of the Clinical Reference Group following issue of NHS England Evidence Based Interventions Guidance for CCGs (6.1 above) and 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 development of this Criteria Based Access Protocol it was agreed that as no D&C procedures are undertaken in Dorset there is 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**

**N/A**

A DOCUMENT DETAILS	
Procedural Document Number	163
Author (Name and Job Title)	Head of Service, Elective Care
Date of approval by CRG	April 2019
Version	1.0
Review frequency	Every 3 years
Review date	February 2022

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
1.0	February 2019	Head of Service, Elective Care	NHSE Consultation July 2018 to November 2018

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
January 2019	1.0	February 2022	Changed in line with national policy (January 2019)	April 2019	NHSE

D ASSOCIATED DOCUMENTS
<ul style="list-style-type: none"> <li>NHS England Policy for Evidence Based Interventions, January 2019</li> <li>Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group</li> <li>Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group</li> </ul>

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
<p>For further information please access adjacent links:</p> <p>Other evidence and information can be found at p15 NHSE Evidence Based Interventions – Guidance for CCGs</p>	<p><a href="https://www.nice.org.uk/guidance/ng88">https://www.nice.org.uk/guidance/ng88</a></p> <p><a href="https://www.nhs.uk/conditions/hysteroscopy/#alternatives-to-hysteroscopy">https://www.nhs.uk/conditions/hysteroscopy/#alternatives-to-hysteroscopy</a></p> <p><a href="https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf">https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf</a></p>	

F DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	GP Communications Bulletin	External (Trusts, ISPs) stakeholders



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