

Policy for the Excision of the Uterus for the Treatment of Menorrhagia (Heavy Menstrual Bleeding)

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| Version: | 1.1 |
| Purpose | This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite. |
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| Author (inc Job Title): | Under review |
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| Target audience: | All LSC ICB Staff |

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| Document control: | | |
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| Date: | Version Number: | Section and Description of Change |
| October 2018 | V1 | Policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups |
| July 2020 | V1.1 | Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant |
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1. Policy Criteria

- 1.1 The ICB will commission hysterectomy for patients with suspected malignancy without a need for prior approval for funding.
- 1.2 The ICB will commission excision of the uterus when ALL of the following criteria are satisfied:
 - 1.2.1 The woman presents with HMB (defined by the woman's subjective assessment of excessive menstrual blood loss, which interferes with the woman's physical, emotional, social and material quality of life) and a full history is available to exclude co-morbidities and other underlying causes.

AND

- 1.2.2 Other treatment options for HMB, dysmenorrhoea and/or symptomatic large or multiple fibroids (i.e. levonorgestrel intrauterine system; tranexamic acid; other hormonal methods injected progesterone's, combined oral contraceptives, GnRH analogue etc) have failed, are contraindicated or have been declined by the woman after all information and side effects of the possible treatments have been explained to her.

AND

- 1.2.3 There is a wish for amenorrhoea (absence of menstruation)

AND

- 1.2.4 The woman (who has been fully informed) requests hysterectomy

AND

- 1.2.5 The woman no longer wishes to retain her uterus and fertility

2. Scope and definitions

- 2.1 This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
- 2.2 Excision of the uterus (hysterectomy) is an intervention for people who are severely affected with menorrhagia (heavy menstrual bleeding [HMB]).
- 2.3 The scope of this policy includes requests for excision of the uterus (hysterectomy) for the treatment of HMB.
- 2.4 The scope of this policy does not include requests for excision of the uterus for the treatment of conditions other than HMB.

- 2.5 The ICB recognises that a patient may have certain features, such as

- having HMB;
- wishing to have a service provided for HMB,
- being advised that they are clinically suitable for excision of the uterus, and
- being distressed by their HMB, and by the fact that that they may not meet the criteria specified in this commissioning policy.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

- 2.6 For the purpose of this policy the ICB defines HMB according to NICE’s Clinical Guideline (CG) 44 as “excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life, and which can occur alone or in combination with other symptoms.

Excision of the uterus refers to the surgical removal (abdominal or vaginal) of the uterus”.

- 2.7 The criteria outlined in this policy are based on NICE’s guideline NG88 “Heavy menstrual bleeding: assessment and management”

3. Appropriate Healthcare

- 3.1 The purpose of excision of the uterus is normally to resolve HMB by removing the uterus, which causes amenorrhea (absent periods).
- 3.2 The ICB regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore, this policy does not rely on the principle of appropriateness.
- 3.3 Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding.

4. Effective Healthcare

- 4.1 The effectiveness of Hysterectomy for people who are severely affected by HMB is well documented and defined within National Institute for Health and Clinical Excellence (NICE) Guidance NG881.
- 4.2 For people who are not severely affected by HMB, any benefit from hysterectomy is outweighed by the morbidity associated with surgery

5. Cost Effectiveness

- 5.1 The ICB does not call into question the cost-effectiveness of excision of the uterus and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.

6. Ethics

- 6.1 The ICB does not call into question the ethics of excision of the uterus and therefore this policy does not rely on the Principle of Ethics.
- 6.2 Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

7. Affordability

- 7.1 The ICB does not call into question the affordability of excision of the uterus and therefore this policy does not rely on the Principle of Affordability. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
 - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

NICE guideline: Heavy menstrual bleeding: assessment and management. Published: 14 March 2018 www.nice.org.uk/guidance/ng88

11. Associated OPCS/ICD codes

| OPCS codes | ICD codes |
|------------------------------------|------------------------|
| Q072, Q074, Q075, Q076, Q078, Q079 | N924, N920, N921, N922 |