NHS
Lancashire and South Cumbria
Integrated Care Board

Policy for Hysterectomy

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Version:	2.0
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.
Supersedes:	1.1
Author (inc Job Title):	Clinical Policy Group
Ratified by: (Name of responsible Committee)	Quality Outcomes Group
Cross reference to other Policies/Guidance	
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Document control:		
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 (JCCCGs)
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant
November 2025	V2.0	Policy title amended to 'hysterectomy' rather than 'excision of the uterus'. Changes to wording to simplify and better align with EBI guidance. Malignancy moved to exclusions. Jan 2026: Minor criteria/terminology/pathway clarification following evidence review and template migration. No change to commissioning intent or expected activity.

1. Policy Criteria

1.1 Hysterectomy is not routinely commissioned as a first line treatment for heavy menstrual bleeding.

1.2 Hysterectomy for heavy menstrual bleeding is routinely commissioned when:

- Non-surgical treatment options have failed or are contraindicated;
  AND
- The woman wishes for amenorrhoea;
  AND
- The woman has been fully informed and requests hysterectomy;
  AND
- The woman no longer wishes to retain her uterus and fertility.

1.3 **Exclusions**
Suspected or confirmed malignancy is excluded from this policy.

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 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 hysterectomy for the treatment of HMB.

2.4 The scope of this policy does not include requests for hysterectomy 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 hysterectomy, 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 NG88 as "excessive menstrual blood loss which interferes with a woman's physical, social, emotional and/or material quality of life. It can occur alone or in combination with other symptoms" [1]. Hysterectomy refers to the surgical removal (abdominal or vaginal) of the uterus and may also involve removal of the cervix.

2.7 The criteria outlined in this policy are based on NICE's guideline NG88 "Heavy menstrual bleeding: assessment and management" [1].

3. Appropriate Healthcare

3.1 The purpose of hysterectomy 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 NG88.

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 hysterectomy 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 hysterectomy 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 hysterectomy 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

1. *Heavy menstrual bleeding: assessment and management [NG88]*. 2018; Available from: https://www.nice.org.uk/guidance/ng88/resources/heavy-menstrual-bleeding-assessment-and-management-pdf-1837701412549.
2. *Hysterectomy for heavy menstrual bleeding*. 2019, AoMRC Evidence Based Interventions.
3. Bofill Rodriguez, M., et al., *Interventions for heavy menstrual bleeding; overview of Cochrane reviews and network meta-analysis.* Cochrane Database of Systematic Reviews, 2022(5).
4. Deehan, C., et al., *Endometrial ablation and resection versus hysterectomy for heavy menstrual bleeding: an updated systematic review and meta-analysis of effectiveness and complications.* Obstet Gynecol Sci, 2023. **66**(5): p. 364-384.
5. Laughton, M., et al., *Comparison of Levonorgestrel-releasing Intrauterine System (LNG-IUS) against Laparoscopic Assisted Supracervical Hysterectomy (LASH) for menorrhagia treatment: An economic evaluation.* J Gynecol Obstet Hum Reprod, 2021. **50**(10): p. 102229.
6. Cooper, K., et al., *Laparoscopic supracervical hysterectomy compared with second-generation endometrial ablation for heavy menstrual bleeding: the HEALTH RCT.* 2019. **23**: p. 53.
7. *Clinical Knowledge Summary: Menorrhagia (heavy menstrual bleeding)*. 2024; Available from: https://cks.nice.org.uk/topics/menorrhagia-heavy-menstrual-bleeding/#:~:text=Menorrhagia%20(or%20heavy%20menstrual%20bleeding,all%20referrals%20to%20gynaecology%20services.

11. Associated OPCS/ICD codes

OPCS codes
Q071, Q072, Q073, Q074, Q075, Q076, Q078, Q079, Q081, Q082, Q083, Q088, Q089 - Hysterectomy
ICD codes
N920, N921, N922, N924, N950 - Heavy menstrual bleeding
ICD-10 (Exceptions)

D250, D251, D252, D259 - Fibroid N944, N945, N946 - Dysmenorrhoea C530, C531, C538, C539, C540, C541, C542, C543, C548, C549, C55X - Cancer