

Policy for Dilatation and Curettage (D&C)

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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):	
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Document control:		
Date:	Version Number:	Section and Description of Change
March 2018	V1	Ratified policy agreed by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups
16.03.2018	V1.1	OPCS/ICD codes added.
July 2021	V1.2	Word order of title changed.
July 2022	V1.3	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

1. Policy Criteria

- 1.1 The ICB will commission Dilatation and Curettage (D&C) in the following circumstance:
 - For patients requiring evacuation of retained products of conception (ERPC).
- 1.2 The ICB will not commission Dilatation and Curettage (D&C) in the following circumstances:
 - As a diagnostic tool for Heavy Menstrual Bleeding (HMB).
 - As a therapeutic treatment for HMB.

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 Dilatation and curettage (D&C) is a procedure performed under general anaesthetic in which the lining of the uterus (the endometrium) is biopsied (diagnostic D&C) or removed (therapeutic D&C) by scraping with a sharp metal instrument (curettage).
- 2.3 The scope of this policy includes requests for Dilatation and curettage (D&C) for patients referred with:
 - Heavy Menstrual Bleeding (Menorrhagia)
 - Evacuation of retained products of conception (ERPC)
- 2.4 The ICB recognises that a patient may have certain features, such as:
 - Having Heavy Menstrual Bleeding
 - Wishing to have a service provided for Heavy Menstrual Bleeding
 - Being advised that they are clinically suitable for Dilatation and Curettage and
 - Be distressed by Heavy Menstrual Bleeding and by the fact 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.
- 2.5 For the purpose of this policy the ICB defines Heavy Menstrual Bleeding (HMB) (Menorrhagia) 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.
- 2.6 NICE Clinical Guideline (NG88) 'Heavy menstrual bleeding: assessment and management' recommends the following:
 - Dilatation and curettage alone should not be used as a diagnostic tool for HMB.
 - Dilatation and curettage should not be used as a therapeutic treatment for HMB.

D&C should not be used for diagnosis or treatment for heavy menstrual bleeding in women because it is clinically ineffective.

3. Appropriate Healthcare

- 3.1 This policy relies on the criterion of appropriateness in that the ICB considers that other ways of managing HMB are more appropriate for commissioning than D&C.

4. Effective Healthcare

- 4.1 The ICB considers that Dilatation and Curettage (D&C) is not effective alone as a diagnostic tool or as a therapeutic treatment for Heavy Menstrual Bleeding. This is in line with NICE Guideline NG881.
- 4.2 The ICB considers that Dilatation and Curettage is an effective procedure for Evacuation of Retained Products on Conception (ERPC).

5. Cost Effectiveness

- 5.1 The ICB does not call into question the cost effectiveness of Dilatation and Curettage and therefore this policy does not rely on the Principles of Cost-Effectiveness.
- 5.2 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 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 Dilatation and Curettage 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 Dilatation and Curettage (D&C) and therefore this policy does not rely on the Principle of Affordability.
- 7.2 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 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.
- 8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a

patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

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

Heavy menstrual bleeding: assessment and management. NICE guideline [NG88]
Published: 14 March 2018 Last updated: 24 May 2021.

<https://www.nice.org.uk/guidance/ng88>

Evidence-Based Interventions: Guidance for CCGs v2. First published: 28 November 2018
Updated: 11 January 2019. NHS England Medical Directorate and Strategy and Innovation Directorate. NHS England Publications Gateway Reference: 08659

11. OPCS and ICD codes

OPCS codes	ICD codes
Q101, Q103, Q108, Q109	N924, N925, N926, N920, N921, N922, O028, O029