Hysterectomy for Menorrhagia

Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available.

Note:
Hysterectomy for individuals on the gender dysphoria pathway, is commissioned by NHSE.
Hysterectomy for complex endometriosis is commissioned in line with national guidance.
Hysterectomy for contraception is not commissioned.

Section A – Criteria to Access Treatment

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting the criteria set out below.

1. 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

2. At least two of the following treatments have failed, are not appropriate or are contra-indicated in line with the National Institute for Health and Clinical Experience (NICE) guideline CG44 (National Institute for Health and Care Excellence, 2015):
    - Non-steroidal anti-inflammatory agents
    - Tranexamic acid
    - Other hormone methods (injected progesterone's, combined oral contraceptives, Gn-RH analogue)

AND

3. 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.

BRAN

For any health- related decision, it is important to consider "BRAN" which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Surgery can stop heavy bleeding occurring.

Risks

As with all major operations, there is a small risk of heavy bleeding (hemorrhage) after having a hysterectomy. Complications can include; ureter damage, bladder or bowel damage, infection, thrombosis and vaginal problems

Alternatives

Treatments can include:

- Intrauterine system (IUS) or combined contraceptive pill
- Medication to reduce bleeding
- Prescription only anti-inflammatory pain killers

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes "not yet" is a good enough answer until you gather more information.

Menorrhagia– Plain Language Summary

Heavy periods, also called menorrhagia, are defined as being when a woman loses an excessive amount of blood during consecutive periods. 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).

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.

The aim of treating menorrhagia is to:

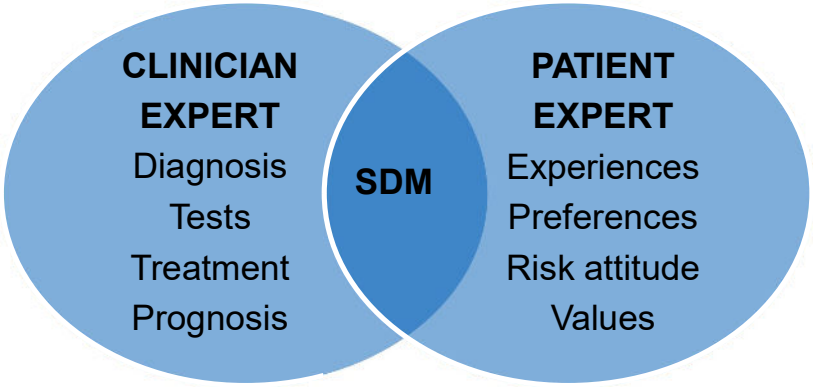
- reduce or stop excessive menstrual bleeding
- improve the quality of life of women with menorrhagia
- prevent or correct iron deficiency anaemia caused by heavy menstrual bleeding

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.

Shared Decision Making

If a person fulfils the criteria for Hysterectomy for menorrhagia it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. National Health Service (2019) Health A to Z: Hysterectomy
2. National Health Service (2019) Health A to Z:: Heavy Periods

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):
Q071,Q072,Q073,Q074,Q075,Q076,Q078,Q079,Q081,Q082,Q083,Q088,Q089,Q101,Q102,Q103,Q108,Q109,R251

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net**.