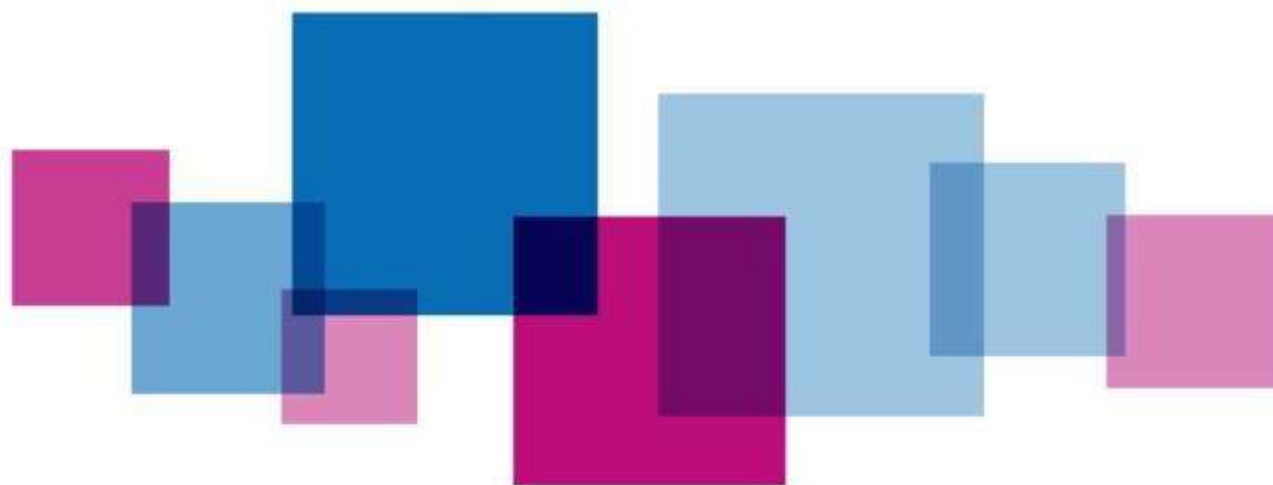


Commissioning Policy

Dilatation and Curettage in Women with Menorrhagia



Date Adopted: 1st September 2019

Version: 1920.01.02

Document Control

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1718.2.01	26/03/2018	IFR Coordinator	Rebranded to BNSSG CCG
1920.01.00		CPD Manager	Reviewed and refreshed in line with NHS England EBI work
1920.01.01	03/06/19	CPD support officer	OPCS codes and Due regard statement added



1920.01.02	21/06/2019	CPD Manager	Post CPRG Admin corrections and addition of Remedy link
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**THIS TREATMENT IS NOT ROUTINELY COMMISSIONED FOR ANY PATIENTS AND
EXCEPTIONAL FUNDING PANEL APPROVAL MUST BE SOUGHT PRIOR TO
REFERRAL**

THIS POLICY RELATES TO ALL PATIENTS

Dilatation and Curettage in Women with Menorrhagia

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. The ICB does not commission surgery for cosmetic purposes alone
2. Funding approval must be secured by primary care prior to referring patients for assessment. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
3. On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
4. Where funding approval is given by the Exceptional Funding Panel, it will be available for a specified period of time, normally one year.
5. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
6. Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193> (Thelwall, 2015)
7. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (ASH, 2016)

8. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality

Background

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.

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.

Hysteroscopy

The ICB commissions Hysteroscopy and clinicians seeking to manage patients with heavy menstrual bleeding should refer to the published policy to ascertain treatment options available.

<p style="text-align: center;">POLICY - CRITERIA TO ACCESS TREATMENT</p> <p style="text-align: center;">EXCEPTIONAL FUNDING REQUEST APPROVAL REQUIRED</p>
<p>Dilatation and curettage is not routinely funded by the ICB.</p> <p>For more information please see: https://remedy.bnssqccg.nhs.uk/</p>

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

Due Regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning 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 is responsible, including policy development and review.

Consideration has been given to this policy and the development process of the above criterion following the recent NHSE Evidence-Based Interventions (EBI) recommendations. Following this review, local consensus is that due to the robust development process which included a public consultation this policy should remain and be reviewed in line with the BNSSG published process.

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

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

- Ben-Baruch G, S. D. (1994). Outpatient endometrial sampling with the Pipelle curette. *Gynecologic and Obstetric Investigation* , 37(4):260–2.
- Gimpelson RJ, R. H. (1988). A comparative study between panoramic hysteroscopy with directed biopsies and dilatation and curettage. A review of 276 cases. *American Journal of Obstetrics and Gynecology*, 158(3 Pt 1):489–92. .
- Haynes PJ, H. H. (1977). Measurement of menstrual blood loss in patients complaining of menorrhagia. *British Journal of Obstetrics and Gynaecology* , 84(10):763–8.
- MacKenzie IZ, B. J. (n.d.). Critical assessment of dilatation and curettage in 1029 women. *Lancet*, 1978;2(8089):566–8.
- NHS England. (19, Jan 16). *www.england.nhs.uk*. Retrieved 05 07, 19, from NHS ENGLAND: <https://www.england.nhs.uk/publication/evidence-based-interventions-guidance-for-clinical-commissioning-groups-ccgs/>
- NHS. (n.d.). *NHS advice*. Retrieved 04 10, 2019, from *www.nhs.uk*: <https://www.nhs.uk/conditions/hysteroscopy/#alternatives-tohysteroscopy>
- NICE. (2007, January). *Heavy menstrual bleeding: assessment and management*. Retrieved from NICE: <https://www.nice.org.uk/guidance/cg44>
- Nice. (n.d.). *NICE Guidance*. Retrieved 04 10, 2019, from *www.nice.org.uk*: <https://www.nice.org.uk/guidance/ng88>
- Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, , vol. 21, no. 11, p. 1008.e1.

OPCS Procedure codes

Procedures challenged in this policy:

OPCS Code: Q103, Q108, Q109

Relevant diagnoses for this policy: ICD10 Code: None

Diagnoses for which the above procedures are permitted:

ICD10 Codes: No appropriate ICD10 Codes for the clinical criteria.