

Hysterectomy for the Treatment of Menorrhagia – Commissioning Policy

<p><b>Intervention</b></p> <p><b>OPCS codes</b></p>	<p><b>Hysterectomy</b></p> <p><b>Abdominal Hysterectomy</b>  Q071 Abdominal hysterocolpectomy and excision of periuterine tissue  Q072 Abdominal hysterectomy and excision of periuterine tissue NEC  Q073 Abdominal hysterocolpectomy NEC  Q074 Total abdominal hysterectomy NEC  Q075 Subtotal abdominal hysterectomy  Q076 Excision of accessory uterus  Q078 Other specified abdominal excision of uterus  Q079 Unspecified abdominal excision of uterus</p> <p><b>Vaginal Hysterectomy</b>  Q081 Vaginal hysterocolpectomy and excision of periuterine tissue  Q082 Vaginal hysterectomy and excision of periuterine tissue NEC  Q083 Vaginal hysterocolpectomy NEC  Q088 Other specified vaginal excision of uterus  Q089 Unspecified vaginal excision of uterus</p> <p><b>Laparoscopic Abdominal Hysterectomy</b>  Any of Q071 to Q079  Y751 Laparoscopically assisted approach to abdominal cavity  Y752 Laparoscopic approach to abdominal cavity NEC</p> <p><b>Laparoscopic Vaginal Hysterectomy</b>  Any of Q081 to Q089  Y751 Laparoscopically assisted approach to abdominal cavity  Y752 Laparoscopic approach to abdominal cavity NEC</p>
<p><b>For the treatment of</b></p>	<p><b>Menorrhagia (heavy menstrual bleeding, HMB)</b></p>
<p><b>Background</b></p>	<p>This Commissioning Policy is required to outline referral criteria/thresholds along with conservative evidence based treatment prior to referral for surgery.</p> <p>This policy has been developed using appropriate NICE guidance and other peer reviewed evidence which are summarised here in order to guide and inform referrers.</p>
<p><b>Commissioning position</b></p>	<p>Hysterectomy for menorrhagia is commissioned within a set of strict criteria and guidance and should be followed in determining when to refer patients to secondary care as follows.</p> <p>‘Patient choice’ to opt for hysterectomy without any form of prior conservative treatment is <u>not routinely commissioned</u>.</p> <p>Humber Coast and Vale CCGs <u>will only fund hysterectomy</u> for heavy menstrual bleeding when <b>ALL</b> of the following conditions are satisfied:</p> <ul style="list-style-type: none"> <li>• There has been an unsuccessful trial, of at least 12 cycles (for 12 months), with a levonorgestrel intrauterine system (e.g. Mirena®) unless medically contra-indicated</li> <li>• A second pharmaceutical treatment (unless contra-indicated) has been tried for 3 months and has also failed. These pharmaceutical treatments include: <ul style="list-style-type: none"> <li>- Tranexamic acid (2<sup>nd</sup> line pharmaceutical treatment)</li> <li>- Non-steroidal anti-inflammatory drugs (NSAIDs) (2<sup>nd</sup> line)</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Combined oral contraceptives (2<sup>nd</sup> line)</li> <li>- Oral progesterone (3<sup>rd</sup> line pharmaceutical treatment) i.e. norethisterone</li> <li>- Injected progesterone (3<sup>rd</sup> line)</li> </ul> <ul style="list-style-type: none"> <li>• Endometrial ablation has been tried (unless the patient has fibroids &gt;3cm, an abnormal uterus or other contraindications), or uterine artery embolization or myomectomy (if appropriate), and have failed to relieve symptoms or are contraindicated</li> </ul> <p><b>Note:</b> endometrial ablation is suitable for women who do not want to conceive in the future and should only be offered after full discussion of risks and benefits and other treatment options.</p> <p>In addition, Humber Coast and Vale CCGs will fund hysterectomy for heavy menstrual bleeding due to fibroids greater than 3cm when the following criteria are satisfied:</p> <ul style="list-style-type: none"> <li>• Other symptoms (e.g. pressure symptoms) are present</li> <li>• There is evidence of severe impact on quality of life</li> <li>• Other pharmaceutical, surgical and radiological treatment options have failed, or have contraindicated</li> <li>• Patient has been offered myomectomy and / or uterine artery embolization (unless medically contraindicated)</li> <li>• There is structural / histological abnormality of the uterus</li> <li>• The woman no longer wishes to retain her uterus and fertility</li> </ul>
<p><b>Summary of evidence / rationale</b></p>	<p>Hysterectomy is a major operation and is associated with significant complications in a minority of cases<sup>1</sup>. Since the 1990s the number of hysterectomies has been decreasing rapidly and it should not be used as a first line treatment solely for HMB. There are now a range of alternative treatment options for HMB.</p> <p>NICE Clinical guidelines (2007)<sup>1</sup> emphasise that:</p> <ul style="list-style-type: none"> <li>• The Mirena® device is effective in the treatment of menorrhagia and is considerably cheaper than a hysterectomy, even if required for many years (for contraception costs estimated at £207 including consultation; removal cost £26) and the fertility of the woman may be maintained. In a NICE study of long-acting reversible contraception<sup>3</sup>, the average annual cost of Mirena® was estimated at £70. This compares to the average cost to the CCG of performing a hysterectomy of £2,362.</li> <li>• Other effective conservative treatments are available as second line treatment after failure of Mirena® or where Mirena® is contraindicated.</li> <li>• A Cochrane systematic review showed that the Mirena® coil improved the quality of life of women with menorrhagia as effectively as hysterectomy</li> </ul> <p>Hysterectomy should be considered only when<sup>1</sup>:</p> <ul style="list-style-type: none"> <li>• All other treatment options have failed, are contraindicated or are declined by the woman</li> <li>• There is a wish for amenorrhoea</li> <li>• The woman (who has been fully informed) requests it</li> <li>• The woman no longer wishes to retain her uterus and fertility</li> </ul>

	The supporting evidence is given in more detail in the evidence reviews and statements from the clinical guidelines on heavy menstrual bleeding given below. <sup>1,2</sup> For details of the primary studies and systematic reviews that NICE used to make their recommendations and a full bibliography, see their full guidance at <a href="http://www.nice.org.uk">www.nice.org.uk</a>
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**References:**

1. NICE – Heavy menstrual bleeding: Clinical Guideline 44, January 2007.
2. Royal College of Obstetricians and Gynaecologists (1999). Management of Menorrhagia in Secondary Care