

HYSTERECTOMY FOR MENORRHAGIA CRITERIA BASED ACCESS POLICY

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Application Form	Generic IFR application form

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VERSION CONTROL

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DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1516.V1	July 2017	Change CSU template to SCCG template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	1516.v1 February 2016
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Hysterectomy for Menorrhagia

Hysterectomy for Menorrhagia is subject to this restricted policy

General Principles

Treatment should 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 may be sought from the CCG's Individual Funding Request (IFR) Panel by submission of an IFR application.

1. Clinicians should assess their patients against the criteria within this policy prior to treatment.
2. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment.
3. On limited occasions, the CCG 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. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
5. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)

Background

A hysterectomy is a surgical procedure to remove the womb (uterus). You will no longer be able to get pregnant after the operation. It is more common for women aged 40-50 to have a hysterectomy.

If you haven't already gone through the menopause, you will also no longer have periods, regardless of your age. The menopause is when a woman's monthly periods stop, usually at around the age of 52.

Heavy periods, also called menorrhagia, is when a woman loses an excessive amount of blood during consecutive periods.

Menorrhagia can occur by itself or in combination with other symptoms, such as menstrual pain (dysmenorrhoea).

Heavy bleeding does not necessarily mean there is anything seriously wrong.

How much is heavy bleeding?

It is difficult to define exactly what a heavy period is because the amount of blood lost during a period can vary considerably between women.

The average amount of blood lost during a period is 30-40 millilitres (ml), with 9 out of 10 women losing less than 80ml. Heavy menstrual bleeding is considered to be 60-80ml or more in each cycle.

However, it is rarely necessary to measure blood loss. Most women have a good idea about how much bleeding is normal for them during their period and can tell when this amount increases or decreases. A good indication that your blood loss is excessive is if:

- 1.1 you feel you are using an unusually high number of tampons or pads
- 1.2 you experience flooding (heavy bleeding) through to your clothes or bedding
- 1.3 you need to use tampons and towels together

POLICY – CRITERIA TO ACCESS TREATMENT - CBA

The Commissioner will fund hysterectomy for heavy menstrual bleeding only when there has been at least 3 months treatment in the previous year of the following;

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, 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) guidelines:
 - a. Non-steroidal anti-inflammatory agents
 - b. Tranexamic acid
 - c. Other hormone methods (injected progesterones, combined oral contraceptives, Gn-RH analogue, progesterone receptor modulators)

AND

- d. Surgical treatments such as endometrial ablation or myomectomy have failed to relieve symptoms, or are not appropriate, or are contra-indicated
- e. The Clinician proposing this intervention will make the decision to treat based on the criteria set out above

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. Applications cannot be considered from patients personally.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067.

Or write to us: NHS Somerset Clinical Commissioning Group, Freepost RRKL-KKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somccg.pals@nhs.net

References

The following sources have been considered when drafting this policy:

1. Laparoscopic laser myomectomy (IPG23, November 2003)
<http://guidance.nice.org.uk/IPG23> 2
2. Photodynamic endometrial ablation (IPG47, March 2004)
<http://guidance.nice.org.uk/IPG47> 3
3. Fluid-filled thermal balloon and microwave endometrial ablation techniques for heavy menstrual bleeding (TAG78, April 2004) <http://guidance.nice.org.uk/TA78> 4
4. Endometrial cryotherapy for menorrhagia (IPG157, March 2006)
<http://guidance.nice.org.uk/IPG157> 5
5. Heavy menstrual bleeding (CG44, January 2007) <http://www.nice.org.uk/CG044>