

CLINICAL POLICY ADVISORY GROUP (CPAG)

Hysterectomy for Menorrhagia Policy

This procedure requires prior approval. Prior approval must be sought through Blueteq.

Criteria

■ **Black** – criteria required to be met prior to referral

■ **Blue** – criteria to be met prior to procedure

Statement

Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed that hysterectomy for menorrhagia should not routinely be commissioned unless criteria 1,2 AND 3 are met:

1. There has been an unsuccessful trial of a minimum of 6 months with a licensed levonorgestrel intrauterine delivery system (LNG-IUS), which has failed to relieve symptoms (unless medically inappropriate or contraindicated),
AND,
2. The following treatments have either failed, are not appropriate or are contraindicated in line with the National Institute for Health and Clinical Excellence (NICE) guideline NG88 Heavy Menstrual Bleeding:
 - Tranexamic acid and/or non-steroidal anti-inflammatory drugs (NSAIDs), such as naproxen
 - Oral hormonal methods, such as combined oral contraceptives, cyclical oral progesterone**AND,**
3. There is evidence of severe impact on quality of life

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

1. Background

Menorrhagia is excessive (heavy) menstrual blood loss that occurs regularly (every 24 to 35 days) which interferes with a woman's physical, emotional, social, and material quality of life. Excessive menstrual blood loss is classified as 80 mL or more and/or a duration of more than 7 days. Menorrhagia is also defined as the need to change menstrual products every one to two hours, passage of clots greater than 2.54 cm, and/or 'very heavy' periods as reported by the woman.

Hysterectomy is a treatment option for menorrhagia, which involves surgical removal of the uterus. Women who have undergone the hysterectomy procedure will no longer be able to get pregnant. Hysterectomies can be carried out vaginally through a cut in the top of the vagina, through keyhole surgery or through a cut in the lower abdomen.

2. Recommendation

Derby and Derbyshire CCG (DDCCG) does not routinely commission hysterectomy for menorrhagia unless criteria 1,2 AND 3 are met:

1. There has been an unsuccessful trial of a minimum of 6 months with a licensed levonorgestrel intrauterine delivery system (LNG-IUS), which has failed to relieve symptoms (unless medically inappropriate or contraindicated),
AND,
2. The following treatments have either failed, are not appropriate or are contraindicated in line with the National Institute for Health and Clinical Excellence (NICE) guideline NG88 Heavy Menstrual Bleeding:
 - Tranexamic acid and/or NSAIDs, such as naproxen
 - Oral hormonal methods, such as combined oral contraceptives, cyclical oral progesterone**AND,**
3. There is evidence of severe impact on quality of life

NB The presence of other symptoms during physical examination, such as pelvic pain, pressure– would warrant further investigation with an ultrasound, before proceeding with pharmacological treatment)

This procedure requires prior approval. Prior approval must be sought through Blueteq.

3. Rationale for Recommendation

Hysterectomy is a second-line treatment strategy for heavy menstrual bleeding, for which women need to have tried first-line treatment strategies, and for these to be unsuccessful, before being offered a hysterectomy.

LNG-IUS is a first-line treatment for menorrhagia in women with no identified pathology, fibroids less than 3 cm in diameter, or suspected or diagnosed adenomyosis. Evidence shows that it is as effective as, or more effective than, other treatments in improving health-related quality of life and satisfaction with treatment. Evidence did not show clinically important differences in effectiveness and acceptability among the other pharmacological treatments, so there are several options that may be considered if a woman declines LNG-

IUS or it is not suitable.

There is limited evidence that does not favour any one treatment over others for women with fibroids of 3 cm or more in diameter. The evidence for interventional or surgical treatments was mainly for fibroids substantially greater than 3 cm in diameter.

4. Useful Resources

- Heavy Periods, NHS, last reviewed 07/06/18, <https://www.nhs.uk/conditions/heavy-periods/>
- Hysterectomy, NHS, last reviewed 01/02/19, <https://www.nhs.uk/conditions/hysterectomy/>
- Hysterectomy, Royal College of Obstetricians and Gynaecologists, <https://www.rcog.org.uk/en/patients/menopause/hysterectomy/>

5. References

- Menorrhagia, Clinical Knowledge Summaries, National Institute for Health and Care Excellence, last revised December 2018, accessed 01/04/21, <https://cks.nice.org.uk/topics/menorrhagia/>
- Hysterectomy, NHS, last reviewed 01/02/19, accessed 07/04/2, <https://www.nhs.uk/conditions/hysterectomy/>
- Heavy menstrual bleeding: assessment and management , NICE guideline [NG88], updated 31/03/20, accessed 01/04/21, <https://www.nice.org.uk/guidance/ng88>

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Consultant Obstetrician and Fetal Medicine, UHDBFT	October 2020
Consultant specialising in Obstetrics and Gynaecology UHDBFT	October 2020
Consultant Obstetrician and Gynaecologist CRHFT	October 2020
Clinical Policy Advisory Group (CPAG)	May 2021
Clinical Lay Commissioning Committee (CLCC)	June 2021
Consultant Obstetrician UHDBFT	November 2023
Consultant Obstetrician and Urogynaecologist UHDBFT	November 2023
Consultant Gynaecologist CRHFT	November 2023
Clinical Policy Advisory Group (CPAG)	November 2023

Appendix 2 - Document Update

Document Update	Date Updated
Version 4.0 – Policy reworded and reformatted to reflect the DDCCG clinical policies format, which includes the addition of background information, rationale for recommendations, useful resources, references, consultation, Derbyshire PLCV referral form and the Blueteq form. Policy criteria has been reworded and reformatted to provide further clarity. Criteria 4 'The patient has been trialed on and failed to respond to a licensed gonadotropin releasing hormone (GnRH) agonist for the management of uterine fibroids following consultation with a gynaecologist, ie: triptorelin/ leuprorelin/ goserelin (where clinically applicable)' has been removed from the policy. The wording 'levonorgestrel-releasing intrauterine system' has been replaced with 'licensed levonorgestrel intrauterine delivery system (LNG-IUS)' and examples of such systems have been removed.	May 2021
Version 4.1 – CPAG agreed to extend the review date of this policy by 12 months due to reduced capacity within the Clinical Policies team.	November 2023

Appendix 3 - OPCS Code(s)

Q07, Q071, Q072, Q073, Q074, Q075, Q076, Q078, Q079, Q08, Q081, Q082, Q083, Q088, Q089

Appendix 4 - Derbyshire PLCV Referral Form



Derby and Derbyshire
Clinical Commissioning Group

Derbyshire PLCV Referral Form

Hysterectomy for Menorrhagia

THIS FORM MUST BE COMPLETED IN FULL AND ATTACHED WITH THE APPROPRIATE CLINICAL INFORMATION TO THE E-REFERRAL SERVICE
"PLCV: - DERBYSHIRE PRIOR APPROVAL PROCESS: GYNAECOLOGY_RAS"

REFERRALS WITHOUT FORMS WILL BE REJECTED



Patient details	Referring GP details
Surname	Referring GP
Forename(s)	Practice name
Address	Practice address
Post code	Post code
Date of birth	Telephone number
NHS Number	GP practice code

Patient Consent	
	Mark or tick boxes below to confirm
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.	<input type="checkbox"/>
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.	<input type="checkbox"/>
Please confirm that you have given PLCV patient leaflet to the patient	<input type="checkbox"/>

Part A - PLCV criteria	
Derby and Derbyshire CCG will only fund hysterectomy for menorrhagia when all of the following criteria are met	Criteria 1, 2 AND 3 must apply
1. There has been an unsuccessful trial of a minimum 6-months with a licensed levonorgestrel intrauterine delivery system, which has failed to relieve symptoms (unless is medically inappropriate OR contraindicated)	<input type="checkbox"/>
2. The following have either failed, are not appropriate or are contraindicated in line with the National Institute for Health and Clinical Excellence (NICE) guideline NG88 Heavy Menstrual Bleeding: - Tranexamic acid and/or non-steroidal anti-inflammatory drugs (NSAIDs), such as naproxen - Oral hormonal methods, such as combined oral contraceptives, cyclical oral progesterone	<input type="checkbox"/>
3. There is evidence of severe impact on quality of life	<input type="checkbox"/>

Additional Patient Information	BOTH must apply
This patient is willing to undergo a surgical procedure should it be offered.	<input type="checkbox"/>
I have discussed with the patient the fact they will be referred for a possible procedure but there is no guarantee that a surgical intervention will be the required outcome following the consultation with the secondary care specialist.	<input type="checkbox"/>

Additional clinical information that may have a bearing on the application

Prior Approval No.	
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Prior Approval No.	
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Patient Choice of Provider	
First Choice:	[Manually enter provider name]
Second Choice:	[Manually enter provider name]

I confirm that the patient meets the current clinical guideline/policy for referral for the procedure.

Name of referrer: _____ Date: _____

Part B - Reason for referral	
Salutations:	Dear colleague,
Preamble/context:	Macro to insert last consultation
	Thank you, Dr. XXX (insert your name here)

Problems - This needs to be auto pulled from the GP system

Relevant SH & FH:

Date to be included Smoking status Alcohol Occupation Ethnicity Veteran? Freetext: Detail which might assist timely discharge:	Single Code Entry: Tobacco consumption Single Code Entry: Alcohol consumption Single Code Entry: Occupations Single Code Entry: Ethnic category - 2001 census Single Code Entry: Military veteran
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Medication – Date to be included. The GP's need to have the option to EDIT this once it has been populated.

Allergies – Date to be included. The GP's need to have the option to EDIT this once it has been populated.


Useful values:

BP	Pulse rate	Height	Weight	BMI	
Single Code Entry: O/E - blood	Single Code Entry: O/E - pulse rate	Single Code Entry: O/E - height	Single Code Entry: O/E - weight	Single Code Entry: Body	HbA1C
					Date

pressure reading Date				mass index	
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Please embed any attached items here.
Please note any individual patient requirements here (e.g. Wheelchair user).

Appendix 5 - Blueteq Form

 [Click here to access the guidelines/NICE algorithm](#)

[Click to view NHS Derby and Derbyshire CCG Policies](#)

Prior Approval Form - PLCV - Hysterectomy for Menorrhagia			
PATIENT CONSENT			
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.		Yes	No
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.		Yes	No
Please confirm that you have given PLCV patient leaflet to the patient		Yes	No
APPLICANT DETAILS			
Clinician Making Request:		Trust:	
Clinician Full Name:	<input type="text"/> *	Telephone:	<input type="text"/> *
Contact Email (nhs.net):	<input type="text"/> *		
PATIENT DETAILS			
Patient Name:		GP Practice Name:	
NHS Number:		GP Practice Code:	
Patient DOB:		Is the patient a <u>smoker</u> :	<input type="checkbox"/> Yes No
Primary Care Prior Approval Number:	<input type="text"/>		
PROCEDURE CRITERIA			
The CCG will only fund hysterectomy for menorrhagia when <u>all</u> of the following criteria are met:			
1. There has been an unsuccessful trial of a minimum 6-months with a licensed levonorgestrel intrauterine delivery system which has failed to relieve symptoms (unless is medically inappropriate OR contraindicated)		Yes	No
		*	Required
2. The following have either failed, are not appropriate or are contraindicated in line with the National Institute for Health and Clinical Excellence (NICE) guideline NG88 Heavy Menstrual Bleeding: - Tranexamic acid and/or non-steroidal anti-inflammatory drugs (NSAIDs), such as naproxen - Oral hormonal methods, such as combined oral contraceptives, cyclical oral progesterone		Yes	No
		*	Required
3. There is evidence of severe impact on quality of life		Yes	No
		*	Required
ADDITIONAL INFORMATION			
Please provide any additional clinical information that may have a bearing on the application in the text box below.			
SUBMISSION DECLARATION			
I confirm that the above information is complete and accurately describes the patient's condition.			
Submitting User	<input type="text"/> *	Date	<input type="text"/> *