



NHS Birmingham and Solihull CCG
NHS Sandwell and West Birmingham CCG

Policy for Hysteroscopy for Heavy Menstrual Bleeding

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The CCG policy has been reviewed and developed by the Treatment Policies Clinical Development Group in line with the groups guiding principles which are:

89. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment;
90. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment;
91. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor;
92. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment;
93. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
94. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance;
95. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered; AND
96. All policy decisions are considered within the wider constraints of the CCG's legally responsibility to remain fiscally responsible.

Category: Restricted

Heavy Menstrual Bleeding (HMB/ Heavy Periods)

Heavy Menstrual Bleeding (HMB) is common but can have a big effect on a woman's everyday life. HMB does not always have an underlying cause but can result from problems such as fibroids or endometriosis.

It's difficult to define exactly what a heavy period is because it varies from woman to woman. Heavy for one woman may be normal for another.

Most women will lose less than 16 teaspoons of blood (80ml) during their period, with the average being around 6 to 8 teaspoons.

Heavy menstrual bleeding is defined as losing 80ml or more in each period, having periods that last longer than 7 days, or both.

However, it's not usually necessary to measure blood loss. Most women have a good idea of how much bleeding is normal for them during their period and can tell when this changes.

A good indication that your periods are heavy is if you:

- are having to change your sanitary products every hour or two
- are passing blood clots larger than 2.5cm (about the size of a 10p coin)
- are bleeding through to your clothes or bedding
- need to use two types of sanitary product together – for example, tampons and pads

In about half of women with heavy menstrual bleeding, no underlying reason is found. But there are several conditions and some treatments that can cause heavy menstrual bleeding.

Some conditions of the womb and ovaries can cause heavy bleeding, including:

- fibroids – non-cancerous growths that develop in or around the womb and can cause heavy or painful periods
- endometriosis – where the tissue that lines the womb (endometrium) is found outside the womb, such as in the ovaries and fallopian tubes (although this is more likely to cause painful periods)
- adenomyosis – when tissue from the womb lining becomes embedded in the wall of the womb; this can also cause painful periods
- pelvic inflammatory disease (PID) – an infection in the upper genital tract (the womb, fallopian tubes or ovaries) that can cause symptoms like pelvic or abdominal pain, bleeding after sex or between periods, vaginal discharge and fever
- endometrial polyps – non-cancerous growths in the lining of the womb or cervix (neck of the womb)

- cancer of the womb – the most common symptom is abnormal bleeding, especially after the menopause
- polycystic ovary syndrome (PCOS) – a common condition that affects how the ovaries work; it causes irregular periods, and periods can be heavy when they start again

Other conditions that can cause heavy periods include:

- blood clotting disorders, such as Von Willebrand disease
- an underactive thyroid gland (hypothyroidism) – where the thyroid gland does not produce enough hormones, causing tiredness, weight gain and feelings of depression
- diabetes

Medical treatments that can sometimes cause heavy periods include:

- an IUD (intrauterine contraceptive device, or "the coil") – this can make your periods heavier for the first 3 to 6 months after insertion
- anticoagulant medication – taken to prevent blood clots
- some medicines used for chemotherapy
- some herbal supplements, which can affect your hormones and may affect your periods – such as ginseng, ginkgo and soya

Hysteroscopy

A hysteroscopy is a procedure used to examine the inside of the womb (uterus).

It is carried out using a hysteroscope, which is a narrow telescope with a light and camera at the end. Images are sent to a monitor so your doctor or specialist nurse can see inside your womb.

The hysteroscope is passed into your womb through your vagina and cervix (entrance to the womb), which means no cuts need to be made in your skin.

In deciding whether to offer the woman a hysteroscopy or ultrasound scan NICE Guidance 88 should be taken into consideration:

Women with suspected submucosal fibroids, polyps or endometrial pathology

Offer outpatient hysteroscopy to women with HMB if their history suggests submucosal fibroids, polyps or endometrial pathology because:

- they have symptoms such as persistent intermenstrual bleeding or
- they have risk factors for endometrial pathology

Women with possible larger fibroids

Offer pelvic ultrasound to women with HMB if any of the following apply:

- their uterus is palpable abdominally

- history or examination suggests a pelvic mass
- examination is inconclusive or difficult, for example in women who are obese.

Women with suspected adenomyosis

Offer transvaginal ultrasound (in preference to transabdominal ultrasound or MRI) to women with HMB who have:

- significant dysmenorrhoea (period pain) **or**
- a bulky, tender uterus on examination that suggests adenomyosis.

If a woman declines transvaginal ultrasound or it is not suitable for her, consider transabdominal ultrasound or MRI, explaining the limitations of these techniques.

Be aware that pain associated with HMB may be caused by endometriosis rather than adenomyosis (see NICE's guideline on endometriosis).

Other diagnostic tools

Do not use saline infusion sonography as a first-line diagnostic tool for HMB.

Do not use MRI as a first-line diagnostic tool for HMB.

Do not use dilatation and curettage alone as a diagnostic tool for HMB

Evidence Review

In reviewing the evidence NICE 2018 considered the following requirements:

- that the correct identification of the cause of HMB is important as this can impact the treatment options offered to women.
- If a test is sensitive, it may help the clinicians to choose the right initial treatment to be offered to women.
- It is important to avoid false positives because unnecessary treatment, especially surgical treatment, can cause harm.
- The evidence on diagnostic accuracy was assessed using adapted GRADE methodology. GRADE is a systematic approach to rating the certainty of evidence in systematic reviews and other evidence syntheses.
- The evidence on patient satisfaction or acceptability was assessed using Cochrane Collaboration's tool for assessing risk of bias.

NICE in their evidence review accepted that the quality of evidence in these reviews ranged from very low to moderate with most evidence being of very low quality. The NICE committee recognised that the evidence was fragmented and with several limitations. The NICE committee agreed that the quality of evidence was most often downgraded because of unclear sampling, unclear inclusion and exclusion criteria, unclear diagnostic criteria, and at times, considerable number of drop-outs.

However, national clinical consensus under NG 88 has recommended the use of hysteroscopy as a first line intervention in a limited number of clinical circumstances:

The patient must have suspected submucosal fibroids OR polyps OR endometrial pathology

AND

The patient has one of the following symptoms:

- persistent intermenstrual bleeding OR
- risk factors for endometrial pathology

Due to this national clinical expertise, the use of hysteroscopy will be commissioned in specified clinical circumstances in line with the clinical consensus achieved through NICE NG 88.

Eligibility Criteria: Restricted

Hysteroscopy for Heavy menstrual Bleeding is commissioned as a first line investigation in the following clinical circumstances:

The patient must have suspected submucosal fibroids OR polyps OR endometrial pathology

AND

The patient has one of the following symptoms:

- persistent intermenstrual bleeding OR
- risk factors for endometrial pathology

Risk factors for endometrial pathology are defined as:

- the patient has persistent intermenstrual or persistent irregular bleeding, and the patient has infrequent heavy bleeding and is obese or has polycystic ovary syndrome
- the patient taking tamoxifen
- the patient for whom treatment for HMB has been unsuccessful.

In other clinical circumstances diagnostic hysteroscopy is commissioned in the following clinical circumstances:

- First -line investigation using ultrasound scan has provided inconclusive results. For example, hysteroscopy is clinically required to determine the exact location of a fibroid or the exact nature of the abnormality.

This means **(for patients who DO NOT meet the above criteria)** the CCG will **only** fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

Guidance

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