

Heavy Menstrual Bleeding (Menorrhagia)

Dilatation and Curettage - Intervention Not Normally Funded

Criteria Based Access for Referral to Secondary Care

The condition:

Heavy menstrual bleeding (HMB) is defined as excessive menstrual blood loss which interferes with a woman's physical, social, emotional and/or material quality of life. It can occur alone or in combination with other symptoms.

HMB is one of the most common reasons for gynaecological consultations in both primary and secondary care. About 1 in 20 women aged between 30 and 49 years consult their GP each year because of heavy periods or menstrual problems, and menstrual disorders comprise 12% of all referrals to gynaecology services. Any intervention should aim to improve quality of life rather than focussing on blood loss.

Self-care and conservative measures:

Heavy periods can be reduced by losing weight, and women should be encouraged to do so if this may be a factor.

Further details about treatment options that are available:

The National Institute for Clinical Excellence (NICE) recommends starting pharmacological treatment for menorrhagia without investigating the cause if the women's history and examination suggests a low risk of fibroids, uterine cavity abnormality, histological abnormality or adenomyosis.

Investigations for menorrhagia include pelvic ultrasound, transvaginal ultrasound and hysteroscopy, with or without endometrial biopsy.

Pharmacological treatments include tranexamic acid, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), combined hormonal contraception, and cyclical oral progestogens. Where fibroids of 3cm or more are present, a gonadotrophin-releasing hormone analogue and ulipristal acetate are additional treatments that may be used.

Non-pharmacological management of menorrhagia includes the levonorgestrel-releasing intrauterine system (LNG-IUS), endometrial ablation, and hysterectomy. Where fibroids of greater than 3cm are present, endometrial artery embolization or myomectomy are additional options.

Please see more advice on NHS Choices

<https://www.nhs.uk/conditions/heavy-periods/>

Risks of having a hysterectomy:

General anaesthetic complications, bleeding, ureter damage, bladder or bowel damage, infection, blood clots, vaginal problems, ovary failure, early menopause.

Sometimes there will be choices to make about your healthcare. If you are asked to make a choice, make sure you get the answers to these three questions:

- ▢ What are my options?
- ▢ What are the benefits and possible risks?
- ▢ How likely are these risks and benefits?

STP principles to promote health and wellbeing:

- ▢ Patients who are overweight should be encouraged to lose weight prior to seeking surgery to reduce the risk of complications during and after surgery
- ▢ Patients who smoke should be advised to attempt to stop smoking and offered a referral to stop smoking services before the operation, to reduce the risk of complications during and after surgery
- ▢ Underlying medical conditions should have been investigated and the patient's condition optimised prior to referral for surgical interventions.

Policy Statement for Dilatation and Curettage

Due to the limited evidence of clinical effectiveness for dilatation and curettage surgery for both diagnostic and therapeutic use for heavy menstrual bleeding, **this intervention is not normally funded.**

Policy Statement for Heavy Menstrual Bleeding

Stage 1: Criteria Based Access for Referral from Primary Care to Secondary Care

All of the possible treatment options should be discussed with the patient, include the pros and cons of each option.

The patients' personal benefits and risks should be discussed.

Patient leaflets should be given.

Treatment options that should be offered in primary care include:

- The IUS, which should be offered as a first line treatment at this stage.
- Tranexamic acid
- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- Combined oral contraceptive pill
- Cyclical Progestogen

Referral to secondary care for assessment and management can be made if all of these options have been explored by discussing pros, cons, personal benefits and risks, and possible trial, and either:

- have failed **or**
- been deemed inappropriate **or**
- are contraindicated

Stage 2: Secondary Care

At the secondary care stage further surgical treatment options are available. It is good practice to review the treatments already discussed in primary care and confirm that they have been explored as options.

Consultants should then offer:

The most appropriate treatment for that patient, taking into account the patients' wishes, based upon the pros, cons, risks and benefits for that patient.

Clinical Coding:

when left(der.Spell_Dominant_Procedure,4) in ('Q072','Q074','Q078','Q079','Q082','Q088','Q089') and apcs.der_diagnosis_all not like '%C[0-9][0-9]%' and apcs.der_diagnosis_all not like '%O0[0-8]%' and apcs.der_diagnosis_all not like '%O6[0-9]%' and apcs.der_diagnosis_all not like '%O7[0-5]%' then 'J_hysterec'