NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

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| **Policy title** | **Hysterectomy: Indications for surgery v1.1** |
| **Policy position** | **Criteria Based Access** |
| **Date of Forum recommendation** | **July 2020** |

Hysterectomy is the surgical removal of the uterus. This can be carried out vaginally, via laparotomy (abdominal hysterectomy) or via a laparoscopic procedure.

Hysterectomy is generally not recommended as a first line intervention for any non-malignant indication. This guidance outlines the conservative or less invasive management that will be expected to have been trialled, or at least considered, prior to surgery.

The table below summarises the specific indications under which referral for specialist in view of surgical management option is supported.

| **Indication** | **Circumstances under which hysterectomy can be indicated** |
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| Heavy Menstrual Bleeding (HMB) with or without fibroids | Please see separate policy for **Heavy Menstrual Bleeding** for management and criteria for surgery. |
| Fibroids with symptoms other than HMB (e.g. pelvic pressure/pain, urinary or bowel symptoms) | The following management has been trialled or is not clinically indicated given the size of the fibroid:<br>• Uterine Artery Embolization |
| Pelvic Organ Prolapse | Mild prolapse:<br>• symptomatic (associated with incontinence, pain, discomfort)<br>• AND lifestyle measures trialled<br>• AND pelvic floor exercises trialled<br>• AND vaginal pessaries trialled / not tolerated<br>• AND vaginal oestrogen cream (if appropriate)<br>Moderate/ severe prolapse:<br>• symptomatic (associated with incontinence, pain, discomfort)<br>• OR failure of conservative measures (see above)<br>• OR woman wants definitive treatment |
| Prophylactic hysterectomy | • history of high-grade dyskaryosis or cervical glandular intraepithelial neoplasia (CGIN) and 3 inadequate cervical cytology samples<br>• AND multi-disciplinary team (MDT) involvement<br>• AND in line with NHS national colposcopy guidance |

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| Severe pelvic pain/ scarring/ endometriosis / adenomyosis | The following measures have been tried:<br>• pharmacological pain relief; Paracetamol, non-steroidal anti-inflammatory drugs (NSAIDs)<br>• AND hormonal interventions; combined oral contraceptive pill (COCP), levonorgestrel-releasing intrauterine system (LNG-IUS), gonadotropin releasing hormone analogues (GnRH), progestogens<br>• AND laparoscopic excision or ablation |
| Severe Premenstrual Syndrome (PMS) | Severe PMS (defined as symptoms causing withdrawal from social and professional activities and preventing normal functioning):<br><br>**AND**<br>1st line management trialled:<br>• exercise, cognitive behaviour therapy (CBT), vitamin B6<br>• new generation COCP<br>• Continuous/luteal phase low dose selective serotonin reuptake inhibitors (SSRIs)<br><br>**AND**<br>2nd line management trialled:<br>• estradiol patched + micronised progesterone or LNG-IUS<br>• higher dose SSRIs<br><br>**AND**<br>3rd line management trialled:<br>• GnRH analogues and add-back hormone replacement therapy (HRT) |

This policy has been based on the following national guidance:
NICE (2018) NG88: Heavy menstrual bleeding: assessment and management
NICE (2019) NG123: Urinary incontinence and pelvic organ prolapse in women - management
NICE (2017) NG73: Endometriosis: diagnosis and management
Public Health England (2016): NHSCSP Publication number 20: Colposcopy and Programme Management
RCOG (2016): Management of Premenstrual Syndrome Green Top Guideline No. 48.

**NOTE:**

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

## Clinical coding:

**OPCS codes:**
Abdominal Hysterectomy Codes:
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.

Q078 Other specified abdominal excision of uterus.
Q079 Unspecified abdominal excision of uterus.

Laparoscopic Abdominal Hysterectomy Codes:
Any of Q071 to Q079; with addition of:
Y751 Laparoscopically assisted approach to abdominal cavity.
Y752 Laparoscopic approach to abdominal cavity NEC.

Vaginal Hysterectomy Codes:
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.

Laparoscopic Vaginal Hysterectomy Codes:
Any of Q081 to Q089; with addition of:
Y751 Laparoscopically assisted approach to abdominal cavity.
Y752 Laparoscopic approach to abdominal cavity NEC.

(Diagnostic codes all indications excluding malignancy and heavy menstrual bleeding)

Key words: Hysterectomy, pelvic pain, fibroids, leiomyoma, pelvic organ prolapse, prolapse, premenstrual syndrome, PMS, endometriosis, adenomyosis, pelvic inflammatory disease, PID