

DILATION AND CURETTAGE (D&C) FOR HEAVY MENSTRUAL BLEEDING IN WOMEN EVIDENCE BASED INTERVENTIONS (EBI) POLICY

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Application Form	Generic EBI Application

**DILATION AND CURETTAGE (D&C) FOR HEAVY MENSTRUAL
BLEEDING IN WOMEN
EVIDENCE BASED INTERVENTIONS (EBI) POLICY**

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VERSION CONTROL

Document Status:	Current policy
Version:	2223.V1b

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1819 v1	January 2019	National Consultation policy CCPF & CEC amended wording EBI application by consultant, remove IFR and replace with EBI
1819.V1a	April 2022	3-year review, no clinical amendments

Equality Impact Assessment EIA	N/A
Quality Impact Assessment QIA	January 2019
Sponsoring Director:	
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1 GENERAL PRINCIPLES (EBI)

- 1.1 Funding approval must be secured prior to a referral for an assessment and/or surgery. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment
- 1.2 On limited occasions, we 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 meet the criteria to access treatment in this policy
- 1.3 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed
- 1.4 Receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.5 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.6 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)
- 1.7 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA EBI

- 2.1 Somerset CCG does not routinely commission dilation and curettage (D&C) for heavy menstrual bleeding
- 2.2 Dilation and curettage should not be used for diagnosis or treatment for heavy menstrual bleeding in women because it is clinically ineffective

- 2.3 Ultrasound scans and camera tests with sampling of the lining of the womb (hysteroscopy and biopsy) can be used to investigate heavy periods
- 2.4 Medication and intrauterine systems (IUS) can be used to treat heavy periods
- 2.5 Further information
- <https://www.nice.org.uk/guidance/ng88>
 - <https://www.nhs.uk/conditions/hysteroscopy/#alternatives-to-hysteroscopy>

3 BACKGROUND

- 3.1 NICE guidelines recommend that D&C is not offered as a treatment option for heavy menstrual bleeding. There is very little evidence to suggest that D&C works to treat heavy periods and the one study identified by NICE showed the effects were only temporary
- 3.2 D&C should not be used to investigate heavy menstrual bleeding as hysteroscopy and biopsy work better
- 3.3 Complications following D&C are rare but include uterine perforation, infection, adhesions (scar tissue) inside the uterus and damage to the cervix

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 4.1 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
- 4.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 4.3 Applications cannot be considered from patients personally
- 4.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 4.5 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 EBI service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context

4.6 EBI applications are reviewed and considered against clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England information using the link below page 9-13;

<https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

Social, Emotional and Environmental factors *i.e.*, *income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

4.7 Where appropriate photographic supporting evidence can be forwarded with the application form

4.8 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

5 ACCESS TO POLICY

5.1 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

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

6 REFERENCES

The following sources have been considered when drafting this policy:

- 6.1 NICE guidance: <https://www.nice.org.uk/guidance/ng88>
- 6.2 NHS advice: <https://www.nhs.uk/conditions/hysteroscopy/#alternatives-to-hysteroscopy>
- 6.3 MacKenzie IZ, Bibby JG. Critical assessment of dilatation and curettage in 1029 women. *Lancet* 1978;2(8089):566–8
- 6.4 Ben-Baruch G, Seidman DS, Schiff E, et al. Outpatient endometrial sampling with the Pipelle curette. *Gynecologic and Obstetric Investigation* 1994;37(4):260–2
- 6.5 Gimpelson RJ, Rappold HO. A comparative study between panoramic hysteroscopy with directed biopsies and dilatation and curettage. A review of 276 cases. *American Journal of Obstetrics and Gynecology* 1988;158(3 Pt 1):489–92