

Patient Name:  
 Address:  
 Date of Birth:  
 NHS Number  
 Consultant/Service to whom referral will be made:

**Please send this form with the referral letter.**

**Hysterectomy for Management of Heavy Menstrual Bleeding**

Instructions for use:

**To Secondary Care Clinician:** Please refer to the policy for full details, and ensure there is evidence that the criteria selected are met. Complete the checklist and file for future compliance audit.

The CCG will only fund Hysterectomy when the following criteria are met:

Dilation and Curettage (D&C) is **not** routinely commissioned to either diagnose or treat heavy menstrual bleeding in line with Evidence Based Interventions Policy. Patients **WILL NOT** receive a D&C:

- As a diagnostic tool **ALONE** for heavy menstrual bleeding, **or**
- As a therapeutic treatment for heavy menstrual bleeding.

Patients **WILL** receive hysterectomy in the investigation and management of heavy menstrual bleeding only when the following criteria are met respectively for each procedure:

**Please note that if a patient declines any element an application for exceptional funding must be made to the IFR team**

<b>Hysterectomy for HMB will only be funded if ALL the following criteria are met:</b>	<b>Delete as appropriate</b>	
A levonorgestrel intrauterine system (e.g. Mirena) has been trialled for <i>at least 6 months</i> (unless declined or contraindicated) and has not successfully relieved symptoms <b>AND</b>	Yes	No
A trial of <i>at least 3 months each</i> of two other pharmaceutical treatment options has not effectively relieved symptoms (or is contraindicated, or not tolerated). These treatment options include: <ul style="list-style-type: none"> <li>• NSAIDs Tranexamic acid</li> <li>• Combined oral contraceptive pill</li> <li>• Oral and injected progestogens <b>AND</b></li> </ul>	Yes	No
Surgical treatments such as endometrial ablation, thermal balloon ablation, microwave endometrial ablation or uterine artery embolisation (UAE) have either been ineffective or are not appropriate, or are contraindicated	Yes	No

*If patient meets the above criteria then prior approval is not required. If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual funding request policy for further information.*

