ABNORMAL UTERINE BLEEDING SERVICES WE OFFER & Pathways

Alison Davenport
Nurse Hysteroscopist
Ray K Raychaudhuri
Lead Consultant Gynaecologist
Barnsley Hospital FT
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Introduction

- AUB (HMB)
- Pathways
- Newer Treatment
- NICE
- **Service Development (Primary Care Involvement)**
- Why
  - patient consideration
  - cost effectiveness
- Conclusion

TYPES OF AUB

- **HMB – 8/31 →**
- PMB - →
- **IMB/PCB/SMEAR- 7/31 →**
- AMENORRHOEA- →?→

- **GOPD / HYS CLINIC**
- 2 WEEK CLINIC
- **GOPD/COLPOS**
- GOPD/FERTILITY

Pathways

- **URGENT PATHWAY**
  - PMB – 2 week clinic
  - Colposcopy (2/other)
    - CERVICAL LESION
    - PCB-
    - >35 YEARS
    - IMB –
    - PERSISTENT
    - > 35 YEARS

- **ROUTINE PATHWAY**
- HMB
  - DUB
  - FIBROID / POLYP
  - OBESITY
  - PCOS
  - Other

Waiting times < 6 weeks (BHNFT)

Referral Pattern – 6 months

- GOPD –
- Colp
- 2 week

- 01/01/19 – 30/06/19
- GOPD - 2236
- COLP - 744
- HYST – 115
- TWW – 438
- TWW UPGRADE - 54

RCOG MORI National Audit

- HMB with 50% fibroids /polyps/endometriosis
- **35% no treatment in Primary care**

- Large Fibroids
- See & Treat facilities are very good
- Mirena Clinics

URGENT PATHWAY - Form

- **PMB**
- 2 WEEK Clinic
- SCAN
- **ET>4 mm –BIOPSY**
  - < 4 mm DISCHARGE ? Rx (VA)

- **PCB / IMB**
- Smear (Update) 2019
- COLP Referral
- 2-4 Weeks

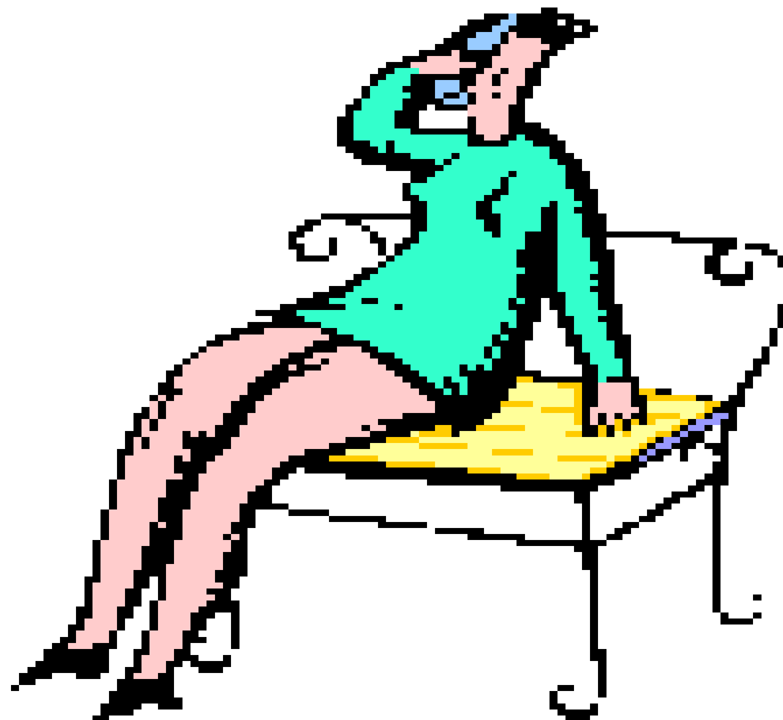
Heavy Menstrual Bleeding

- Excessive uterine bleeding interferes with physical , social & quality – alone or dysmenorrhoea
- 50,000 women with HMB referred to secondary care
- 20% of all UK Gynaecological specialist referrals
- 25% of women in reproductive age –Why increase?????
- 5,581,186 sick days/year-cost economy £531m.

HMB -

- 1 in 5 < 60 years will have hysterectomy
- 40% will have normal uterus
- 2013 – 25,000 HYSTERECTOMIES-WHY
- in UK 7 million on drugs – going up!
- Any interventions should aim to improve quality of life

GP/Patient



See - Investigation & Refer

- **History /FBC / exam?(Obesity & PCB/IMB)**
- **Scan – Pelvic mass / Obesity**
- **TA & Hormones – 4 months**

- **REFER :**
  - **No relief / Pelvic mass / Abnormal scan**

NICE – Jan 2007 Move on?

- HMB (GP) (History ,FBC, Exam)
- No pelvic mass -(Pharmaceutical
  - first Line – Mirena
  - Second line – TA (3 months) /NSAID (3) / COCP (Reg Cycle)
  - Third – Oral prog (NET) / Injec prog (Irr Cycle)

  * Refer if Not better

HYSTEROSCOPY INDICATION

- Suspected submucosal fibroids, polyps or endometrial pathology (scan & Exam)
- > 45 – consider
- High Risk – Obesity/Diabetes / Nullip / PCOS
- hysteroscopy will increase from around 5,000 to 15,000 a year (BHNFT – Total April 2018-2019 - 551 hysteroscopies) ? Service
- GA / LA

NICE Nov 2018 -UPDATE

- Suspected submucosal fibroids, polyps or endometrial pathology
- Consider outpatient hysteroscopy as the preferred option for investigation.
- If the patient declines hysteroscopy, pelvic ultrasound may be considered but with limitations.
- **changes to services will be needed to allow direct booking into hysteroscopy services**
- **more hysteroscopies should be delivered in primary care.**

NICE UPDATE 2018 -CONT

- **References to ulipristal acetate (Esmya) were reinstated after the European Medicines Agency completed its review on the use of Esmya for uterine fibroids**
- Safety measures – Monitoring for side effects (monthly U&E's)

Investigations –**NOT recom**…..

- Serum ferritin
- Female Hormone – FSH , LH , Oestradiol
- TFT
- MRI
- D&C

Rx Not Recommended

- Oral prog – luteal cycle – D14 – 26
- Danazol
- D&C

GP - ? Structural Abnormality

- Hysteroscopy – EB (Gold standard)
  - ***< 3 cm* fibroid – Mirena / Ablation (family complete ut < 12 wks)**
  - ***> 3cm* – Embolisation /Myomectomy/ Hysterectomy**
  - ***Polyp –Rx change -Why***

New Clinical Pathways for GP

- Direct referral to HMB clinic (Criteria rigid)
- See and Treat clinics –
- OPD Polypectomy (2017)
- OPD Fibroid resection (2018)
- OPD Ablation (2016)

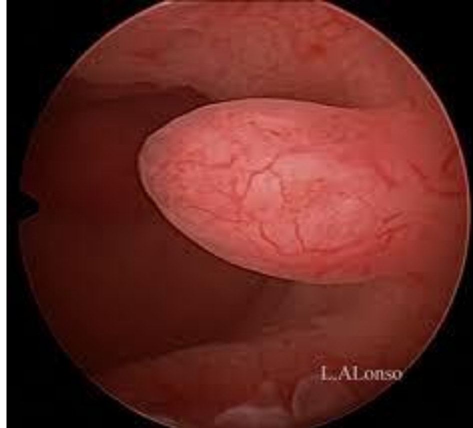
Treatment options - Medical

- expensive /most fail /side effects/7 million annually
- Cycle regular – TA
- Cycle irregular – COCP/POP/Progesterone
- **MIRENA (Where ? WHO? WHEN?)**
- Ulipristal -2018 NICE - Monitoring

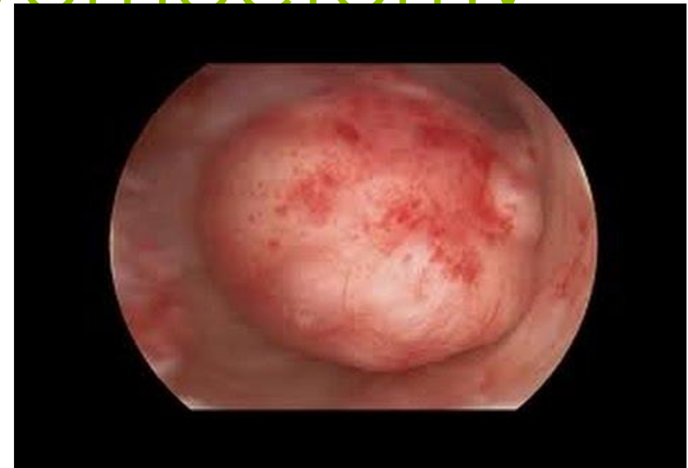
Treatment Options - Conservative Surgical

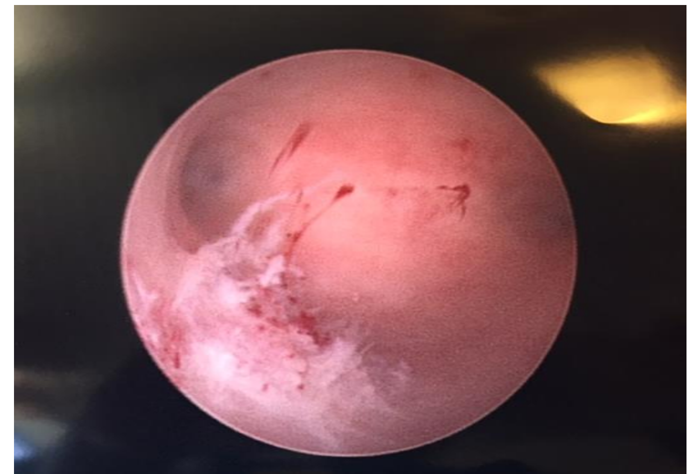
- Hysteroscopic surgery
  - LA / GA (OPD service) – Myosure / Truclear
  - **RCOG – Endometrial resection (Obsolete)**
  - **longer training curve**
- NON - Hysteroscopic surgery (Day case)
  - LA
  - Ablation / ↓ complications

Endometrial polypectomy

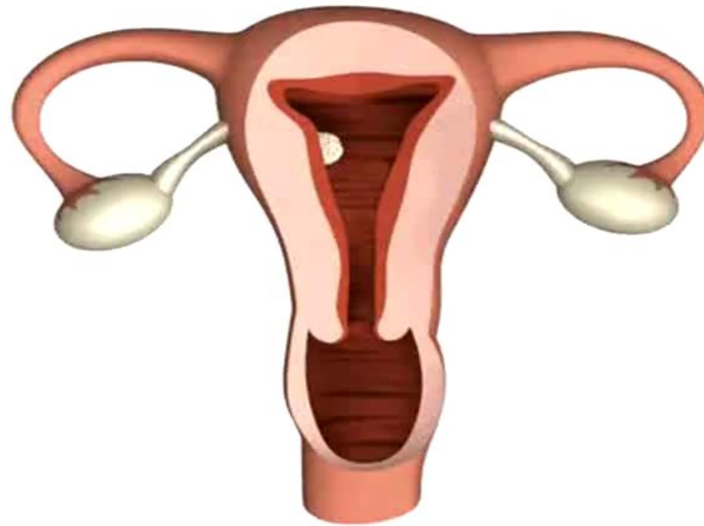


Hysteroscopic Myomectomy

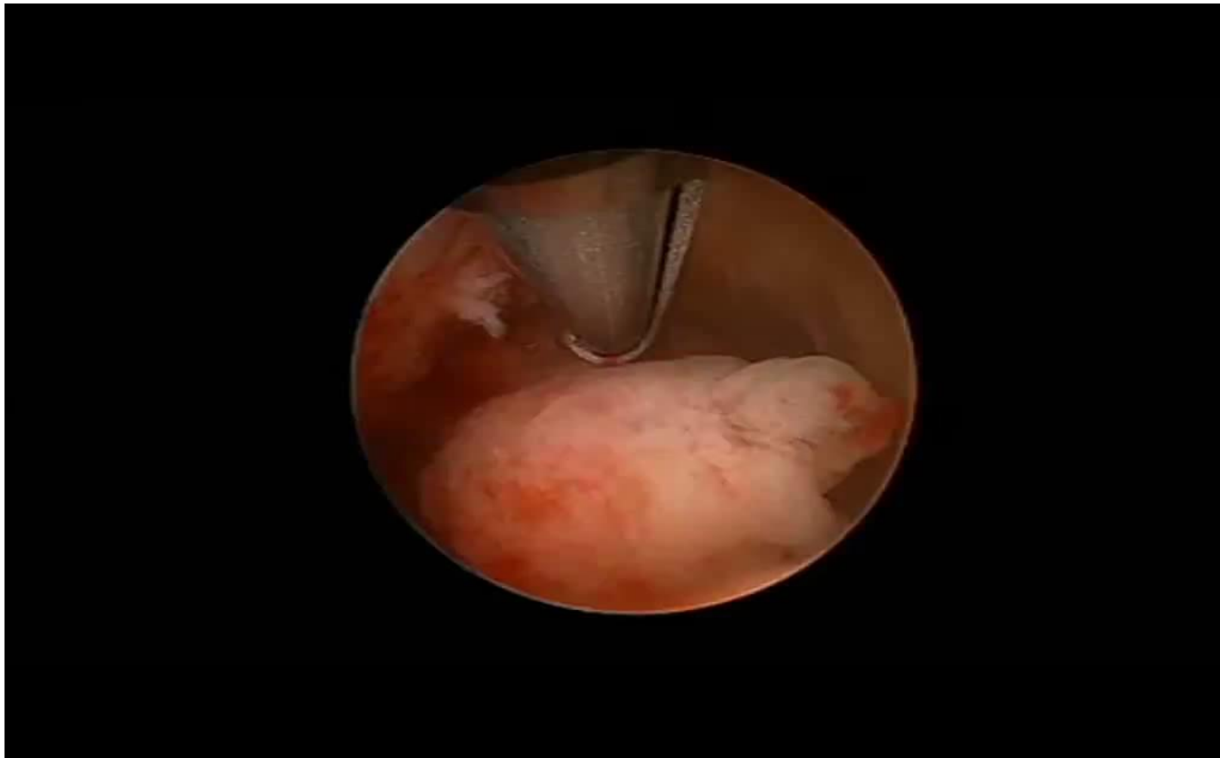




Myosure Procedure



Myosure Polypectomy

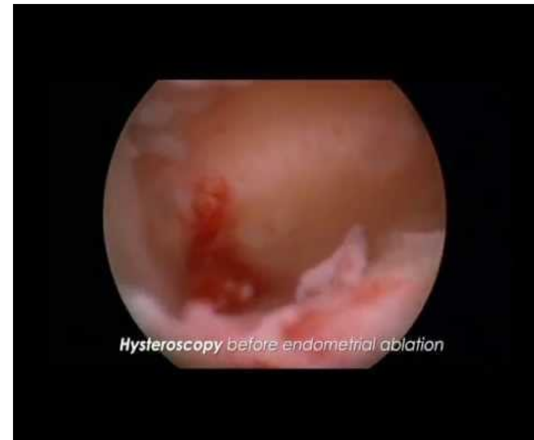


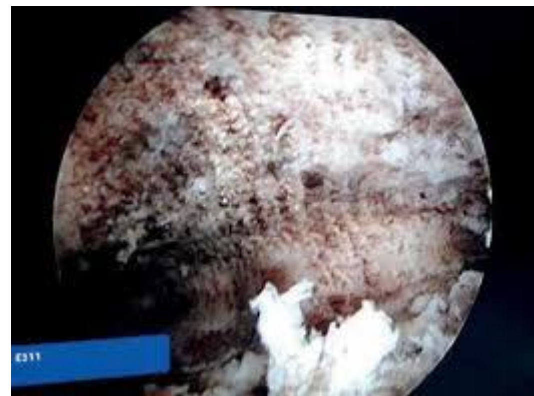
Non - Hysteroscopic surgery

- Uterine Balloon Ablation XXXX
- Microwave Ablation XXXXX
- **Novasure Ablation**
- **Librata – bigger cavities**

- OTHERS
  - ***Resection (Myosure) for polyp / Fibroid***

Endometrial ablation





WHY – Out Patient

- Less invasive
- NO PRE-OP ASSESSMENT
- LESS HAI
- Less complication - (hyst - serious complications - 1 - 3 %)
- Less bed occupancy
- avoid GA
- Cost Efficiency – Expand
- Increased patient satisfaction
- Fewer hospital appointments

Relocation of Care

- Primary care (like Continence)
- Special interest GPs
- Cost effective
- Hire Specialist initially (Scan)
- Role of pipelle
- Mirena (HMB not Contraception)

MODERN SERVICES

- **OFFICE GYNAECOLOGY**
  - DIAGNOSTIC HYSTEROSCOPY
  - OPERATIVE HYSTEROSCOPY
  - PMB CLNIC
  - 2 WEEK
  - COLPOSCOPY
  - UROGYNAECOLOGY
  - STERILIZATION
  - LUMPS & BUMPS

COST BENEFIT

- TRAVEL COST (DSEU=£6.02 VS OPD £3.46)
- NHS COST – INCENTIVE TARIFF
- HYST/BX- £421OPD DSEU £381
- OPERATIVE PROCEDURE – £825 PER CASE EFFICIENCY V £825 DSEU

Newer Services- hysteroscopy

- OPD DIAGNOSTIC HYSTEROSCOPY SERVICE
- **OPD OPERATIVE HYSTEROSCOPIC SERVICE**
  - **Novasure ablation**
  - **Myosure/ Truclear resection**
- MIRENA INSERTION
- DIRECT REFERRAL (see service spec)

Hysterectomy

- Last option (NICE, 2018)
- Failed MIRENA
- Unsuccessful Ablation
- Uterus > 12 wks
- Family complete
- Endometrial hyperplasia / carcinoma
- Prolapse
  - Desire ?

Conclusions -1

- Pathway changes
- OFFICE GYNAECOLOGY
- FIBROID / POLYP RESECTION – OPD
- ABLATION - OPD
- Close monitoring – CCG - QUALITATIVE
  - Role of GPs ??????
- **NURSE HYSTEROSCOPIST - 2018**

Conclusions-2

- OPD resection /Ablation & Mirena
  - Very effective treatment
  - Good patient satisfaction
  - Cost effective
  - Less complications
  - Robust evidence
  - Medici-legal -

Role of Nurse Hysteroscopist

- Triage (Internal & External)
- Diagnostic hysteroscopy/ BX /Mirena
- Support 2 week fast tract clinic
- Education
  - Med Students / VTS / Foundation / CT
- Audit
  - Quality Improvement
  - NICE

Way Forward ?

- PATHWAY
- HMB UPDATE
- MAIN PLAYER
- Place

- Inappropriate referral ??????
- WHO – LEAD – Primary Care

Hopefully

CAMPAIGN

- Wear White again – tools to help women identify and seek treatment for HMB
- Raise awareness/ give information
- Supported by leading experts
- GP online resources – posters/ period diaries etc.

THANK YOU

- Questions?