



Procedure funded subject to Audit

Bedfordshire, Hertfordshire, West Essex and Milton Keynes Priorities Forum statement – interim statement for Bedfordshire, Luton and Milton Keynes STP

Subject	Hysterectomy – indications for surgery
Date of decision	November 2018
Date of review	November 2019

GUIDANCE

This guidance is based on the original Milton Keynes CCG policy (2011) and the current Thames Valley Policy (2018).

Funding for referral for surgical assessment will be supported for appropriate patients with a diagnosis of:

- **cancer** of the cervix / fallopian tubes / uterus and/or ovaries
- **severe and debilitating endometriosis or adenomyosis** that cannot be managed by non-surgical interventions
- **uterine prolapse**, where non-surgical and non-hysterectomy surgery options are inappropriate or have failed to manage the woman's symptoms
- **complicated and persistent pelvic inflammatory disease** that has not responded to conventional treatment
- **large fibroids** which are causing symptoms and other treatment options have failed or are contraindicated by the woman

Patients diagnosed with dysmenorrhea (painful menstruation) or heavy menstrual bleeding (HMB), please refer to Guidance 26– Heavy Menstrual Bleeding policy (2017) <http://www.fundingrequests.ccsu.nhs.uk/policies-bedfordshire/>

In all instances, women offered hysterectomy MUST:

1. Have a full discussion of the implication of the surgery before a referral is made. The discussion should include: fertility impact; bladder function; need for further treatment; treatment complications; sexual feeling; the woman's expectations; alternative surgery; and psychological impact.
2. Be informed about the increased risk of serious complications (such as intraoperative haemorrhage or damage to other abdominal organs) associated with hysterectomy when uterine fibroids are present (link to risks)
3. Be informed about the risk of possible loss of ovarian function and its consequences, even if their ovaries are retained during hysterectomy.

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.

Additional diagnostic code for hysterectomy for HMB

- N920 - Excessive and frequent menstruation with regular cycle
- N921 - Excessive and frequent menstruation with irregular cycle
- N926 – irregular menstruation, unspecified
- N938 - Other specified abnormal uterine and vaginal bleeding