

Procedure that requires prior approval

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC58

Hysterectomy - indications for surgery

Recommendation made by
the Priorities Committee:

May 2017

Date of issue:

August 2017, Updated April 2018¹

Thames Valley Priorities Committee has considered the evidence and national guidance for the hysterectomy surgery. Funding for referral for surgical assessment will be available 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
- **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

Hysterectomy will be commissioned for **Heavy Menstrual Bleeding (HMB)** as per [NICE Guideline NG88 \(2018\)](#) only when:

- Other treatment options for heavy menstrual bleeding and/or dysmenorrhoea (with or without fibroids) have failed or are contraindicated;

AND

- There is a wish for amenorrhoea (absence of menstruation);

AND

- The woman no longer wishes to retain her uterus and fertility;

AND

- The woman (who has been fully informed) requests hysterectomy

All patients have a right to be fully informed about this procedure as part of this process. Clinicians should engage the patients (or their carers) in shared decision making about alternative management and the risks and benefits of surgery.

The referring clinician should:

- Have a full discussion of the implications of the surgery before a decision 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.
- Inform the woman 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.
- Inform the woman about the potential risk of loss of ovarian function and the consequences of this, even if the ovaries are retained during hysterectomy.

¹ Update to NICE Guideline link only, NG88 replaces CG44

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>

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

N922 - Excessive menstruation at puberty

N924 - Excessive bleeding in the premenopausal period

N926 – irregular menstruation, unspecified

N938 - Other specified abnormal uterine and vaginal bleeding