

SHIP8 Clinical Commissioning Groups Priorities Committee

Policy title Number/version	Policy 29: Surgical Management of Pelvic Organ Prolapse. Version 2 (2020) Version 1 (2018)
Policy position	Criteria Based Access
Date of Committee Recommendation/ CCG recommendation	30/07/2020
Date of CCG issue	
Update	This policy will be updated as per 3 year cycle or in light of a substantial body of new evidence or new national guidance (e.g. NICE)

Pelvic organ prolapse occurs when one or more of the pelvic organs descend into the vagina, causing a range of symptoms. For women who wish to be referred for specialist surgical opinion, the following criteria need to be met:

- Lifestyle interventions should be tried as per NICE guidance¹ (these include avoidance of constipation, avoidance of heavy lifting and weight loss if BMI is greater than 30)
- A trial of supervised pelvic floor muscle training for at least 3 months (only in women with stage 1-2 prolapse).
- A trial of topical vaginal oestrogen in appropriate patients
- A trial of pessary in appropriate patients (trial and ongoing management of pessary can be undertaken in primary care and hospital settings).

Mesh should not be used trans-vaginally for pelvic organ prolapse unless the operation is part of a research trial. Other abdominal pelvic organ prolapse mesh procedures can only be carried out under high-vigilance reporting regimes.

There is substantial uncertainty about the long-term success and complications associated with all surgical procedures for pelvic organ prolapse. Some women have experienced serious complications following the use of mesh in surgery. Women should have sufficient understanding of their treatment, including the benefits, potential risks, and alternative treatment options, including doing nothing. For women considering surgery, the use of appropriate patient decision aids is highly recommended:

- Surgery for uterine prolapse: [patient decision aid](#) and [user guide](#)
- Surgery for vaginal vault prolapse: [patient decision aid](#) and [user guide](#)

Clinical coding:

Code	Description
P221	Anterior and posterior colporrhaphy and amputation of cervix uteri
P222	Anterior colporrhaphy and amputation of cervix uteri NEC
P223	Posterior colporrhaphy and amputation of cervix uteri NEC
P228	Other specified repair of prolapse of vagina and amputation of cervix uteri
P229	Unspecified repair of prolapse of vagina and amputation of cervix uteri
P231	Anterior and posterior colporrhaphy NEC
P232	Anterior colporrhaphy NEC
P233	Posterior colporrhaphy NEC
P234	Repair of enterocele NEC
P235	Paravaginal repair
P236	Anterior colporrhaphy with mesh reinforcement
P237	Posterior colporrhaphy with mesh reinforcement
P238	Other specified other repair of prolapse of vagina
P239	Unspecified other repair of prolapse of vagina
P241	Repair of vault of vagina using combined abdominal and vaginal approach
P242	Sacrocolpopexy
P243	Repair of vault of vagina using abdominal approach NEC
P244	Repair of vault of vagina using vaginal approach NEC
P245	Repair of vault of vagina with mesh using abdominal approach
P246	Repair of vault of vagina with mesh using vaginal approach
P247	Sacrospinous fixation of vagina
P248	Other specified repair of vault of vagina
P249	Unspecified repair of vault of vagina
P288	Other specified repair of prolapse of vagina
P289	Unspecified repair of prolapse of vagina
Q544	Suspension of uterus using mesh NEC
Q545	Sacrohysteropexy
Q546	Infracoccygeal hysteropexy

ICD 10 Diagnosis Codes

Code	Description
N81	Female genital prolapse
N810	Female urethrocele
N811	Cystocele
N812	Incomplete uterovaginal prolapse
N813	Complete uterovaginal prolapse
N814	Uterovaginal prolapse, unspecified
N815	Vaginal enterocele
N816	Rectocele
N818	Other female genital prolapse
N819	Female genital prolapse, unspecified
N993	Prolapse of vaginal vault after hysterectomy

¹ NICE Guideline 123 (2019): Urinary incontinence and pelvic organ prolapse in women: management <https://www.nice.org.uk/guidance/ng123>

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status