

Procedure that requires prior approval

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC 59: Management of Female Pelvic Organ Prolapse

**Recommendation made by
the Priorities Committee:** November 2020

Date of Issue: January 2021

The Thames Valley Priorities Committee has considered the national guidance^{1,2} and evidence for the treatment of pelvic organ prolapse and recommends that referral for specialist assessment for surgical interventions will only be funded when the following criteria have been met:

- Vaginal oestrogen for women with pelvic organ prolapse and signs of vaginal atrophy has been offered where appropriate.
- Prolapse inside of the vagina:
Patient has had 3 months of supervised pelvic floor muscle training with a specialist physiotherapist AND has been offered a ring pessary, but this has not improved symptoms, or has been declined.
- Prolapse at the level of the entrance of the vagina:
Patient had had 3 months of supervised pelvic floor muscle training with a specialist physiotherapist AND has been offered a ring pessary, but this has not improved symptoms, or has been declined.
- Prolapse outside of the vagina:
Patient has been offered a ring pessary, but this has not improved symptoms, or has been declined.

TVPC recommends that in line with NICE¹, women considering surgery should be provided with information on all of the treatment options including: no treatment; physiotherapy; pessaries and surgical options. Women should be informed of the uncertainties about the long term adverse effects for all procedures, particularly those involving the implantation of mesh materials which provide artificial support when repairing weakened or damaged tissue. All surgical procedures should be undertaken with due regard to the report of the Independent Medicines and Medical Devices Safety Review: 'First Do No Harm'² and current NICE guidance including those procedures under high vigilance restriction.

¹

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

The treatment of pelvic organ prolapse with laser is **not normally funded** due to a lack of evidence of clinical and cost effectiveness.

Coding:

Procedure codes

- 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

Diagnosis Codes

- 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

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/>