

Patient Name:  
Address:  
Date of Birth:  
NHS Number  
Consultant/Service to whom referral will be made:

**Please send this form with the referral letter.**

## Hysterectomy and Hysteroscopy for Management of Heavy Menstrual Bleeding

Instructions for use:

**To Secondary Care Clinician:** Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund Hysterectomy or Hysteroscopy when the following criteria are met:  
Patients **WILL NOT** receive a D&C:

- As a diagnostic tool **ALONE** for heavy menstrual bleeding, **or**
- As a therapeutic treatment for heavy menstrual bleeding.

Patients **WILL** receive hysterectomy or hysteroscopy in the investigation and management of heavy menstrual bleeding only when the following criteria are met respectively for each procedure:

**\*Hysteroscopy for HMB will only be funded if ONE of the following criteria is met:**

Trans vaginal ultrasound scan provided inconclusive results	Yes	No
Trans vaginal ultrasound scan was suggestive of endometrial pathology (e.g. polyp or submucous fibroid).	Yes	No
As part of an ablative procedure	Yes	No
Inter-menstrual bleeding over the age of 40yrs	Yes	No
Scan suggests thickened and cystic appearance/hyperplasia	Yes	No

**\*The hysteroscopy element of this Checklist does not apply to Doncaster CCG. Normal referral process applies.**

**Hysterectomy for HMB will only be funded if ALL the following criteria are met:**

A levonorgestrel intrauterine system or LNG-IUS (e.g. Mirena) has been trialled for <i>at least 6 months</i> (unless contraindicated) and has not successfully relieved symptoms.	Yes	No
A trial of <i>at least 3 months each</i> of two other pharmaceutical treatment options has not effectively relieved symptoms (or is contraindicated, or not tolerated). These treatment options include: <ul style="list-style-type: none"> <li>• NSAIDs e.g. mefenamic acid</li> <li>• Tranexamic acid</li> <li>• Combined oral contraceptive pill</li> <li>• Oral and injected progestogens</li> </ul>	Yes	No
Surgical treatments such as endometrial ablation, thermal balloon ablation, microwave endometrial ablation or uterine artery embolisation (UAE) have either been ineffective or are not appropriate, or are contraindicated	Yes	No

*If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual funding request policy for further information.*