

REFERRAL FOR POTENTIAL SURGICAL TREATMENT FOR HEAVY MENSTRUAL BLEEDING (MENORRHAGIA)

CRITERIA BASED ACCESS

Treatment options that should be offered in **primary care** for heavy menstrual bleeding (HMB) include:

- Intrauterine system (IUS)
- Tranexamic acid
- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- Combined oral contraceptive pill
- Cyclical Progestogen

Self-care and conservative measures:

Heavy periods can be reduced by losing weight and women should be encouraged to do so if this may be a factor.

All the above options should be discussed with the patient and trialled where appropriate. Hysterectomy is not routinely commissioned as a first-line treatment solely for HMB. **If all other options have either failed or are contraindicated, a referral can be made to secondary care for assessment and on-going management.**

When agreeing treatment options for HMB, NICE guidance should be followed, considering: the woman's preferences, any comorbidities, the presence, or absence of fibroids (including size, number, and location), polyps, endometrial pathology or adenomyosis.

Secondary Care

In secondary care further surgical options will be available. Good practice would be to review treatment already discussed and confirm that all appropriate options have been explored.

Consultants should then offer the most appropriate treatment for an individual patient, considering the patient's wishes, as well as risks and benefits for that patient. Women should also be given information on potentially unwanted outcomes of surgery.

INTERVENTIONS NOT NORMALLY FUNDED

Dilatation and curettage for diagnosis or treatment of heavy menstrual bleeding

Due to the limited evidence of clinical effectiveness for dilation and curettage surgery for both diagnostic and therapeutic use for heavy menstrual bleeding this intervention is not normally funded.