

**Placename CCG****Policies for the Commissioning of Healthcare****Policy for Dilatation and Curettage (D&C)**

<b>1</b>	<b>Introduction</b>
<b>1.1</b>	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other policies in that suite.
<b>1.2</b>	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
<b>2</b>	<b>Scope and definitions</b>
<b>2.1</b>	Dilatation and curettage (D&C) is a procedure performed under general anaesthetic in which the lining of the uterus (the endometrium) is biopsied (diagnostic D&C) or removed (therapeutic D&C) by scraping with a sharp metal instrument (curettage).
<b>2.2</b>	The scope of this policy includes requests for Dilatation and curettage (D&C) for patients referred with: <ul style="list-style-type: none"> <li>• Heavy Menstrual Bleeding (Menorrhagia)</li> <li>• Evacuation of retained products on conception (ERCP)</li> </ul>
<b>2.3</b>	The CCG recognises that a patient may have certain features, such as: <ul style="list-style-type: none"> <li>• Having Heavy Menstrual Bleeding (HMB)</li> <li>• Wishing to have a service provided for Heavy Menstrual Bleeding</li> <li>• Being advised that they are clinically suitable for Dilatation and Curettage (D&amp;C) and</li> <li>• Be distressed by Heavy Menstrual Bleeding and by the fact that that they may not meet the criteria specified in this commissioning policy.</li> </ul> <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
<b>2.4</b>	For the purpose of this policy the CCG defines Heavy Menstrual Bleeding (HMB) (Menorrhagia) as excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life, and which can occur alone or in combination with other symptoms. <sup>1</sup> Current studies estimate that between 4% and 51.6% of women experience HMB. <sup>1</sup> NICE

	guidelines indicate that there is limited epidemiological data available on women presenting with HMB in primary care. <sup>2</sup>
<b>2.5</b>	<p>NICE Clinical Guideline (CG44)<sup>2</sup> 'Heavy menstrual bleeding: assessment and management' recommends the following:</p> <ul style="list-style-type: none"> <li>• Dilatation and curettage alone should not be used as a diagnostic tool for HMB.</li> <li>• Dilatation and curettage should not be used as a therapeutic treatment for HMB.</li> </ul> <p>There is limited evidence on the effectiveness of D&amp;C for the treatment of HMB. NICE (2007) identified one observational study that showed that any effectiveness was temporary.<sup>3</sup></p>
<b>3</b>	<b>Appropriate Healthcare</b>
<b>3.1</b>	<p>This policy relies on the criterion of appropriateness in that the CCG considers that other ways of managing HMB are more appropriate for commissioning than D &amp; C.</p> <p>This is in line with NICE guideline CG44 (2007) which recommends that D&amp;C should no longer be used as either a diagnostic or therapeutic tool for patients with HMB.<sup>2</sup></p>
<b>4</b>	<b>Effective Healthcare</b>
<b>4.1</b>	<p>The CCG considers that Dilatation and Curettage (D&amp;C) is not effective alone as a diagnostic tool or as a therapeutic treatment for heavy menstrual bleeding.</p> <p>This is in line with NICE Clinical Guideline CG44<sup>2</sup>.</p>
<b>4.2</b>	The CCG considers that Dilatation and Curettage (D&C) is an effective procedure for Evacuation of Retained Products on Conception (ERCP).
<b>5</b>	<b>Cost Effectiveness</b>
<b>5.1</b>	<p>The CCG does not call into question the cost effectiveness of Dilatation and Curettage (D&amp;C) and therefore this policy does not rely on the Principles of Cost-Effectiveness.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.</p>
<b>6</b>	<b>Ethics</b>
<b>6.1</b>	The CCG does not call into question the ethics of Dilatation and Curettage (D&C) and therefore this policy does not rely on the Principle of Ethics.

	Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.
<b>7</b>	<b>Affordability</b>
<b>7.1</b>	<p>The CCG does not into call into question the affordability of Dilatation and Curettage (D&amp;C) and therefore this policy does not rely on the Principle of Affordability.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.</p>
<b>8</b>	<b>Policy</b>
<b>8.1</b>	<p>The CCG will commission Dilatation and Curettage (D&amp;C) in the following circumstance:</p> <ul style="list-style-type: none"> <li>- For patients requiring evacuation of retained products of conception (ERCP).</li> </ul>
<b>8.2</b>	<p>The CCG will not commission Dilatation and Curettage (D&amp;C) in the following circumstances:</p> <ul style="list-style-type: none"> <li>- As a diagnostic tool for HMB.</li> <li>- As a therapeutic treatment for HMB.</li> </ul>
<b>9</b>	<b>Exceptions</b>
<b>9.1</b>	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
<b>9.2</b>	In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this CCG. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.
<b>10</b>	<b>Force</b>
<b>10.1</b>	This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
<b>10.2</b>	<p>In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:</p> <ul style="list-style-type: none"> <li>• If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it</li> </ul>

	<p>becomes mandatory.</p> <ul style="list-style-type: none"> <li>• If the new NICE guidance does not have mandatory status, then the CCG will aspire to review and update this policy accordingly. However, until the CCG adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this CCG are concerned.</li> </ul>
<b>11</b>	<b>References</b>
	<ol style="list-style-type: none"> <li>1. National Collaborating Centre for Women's and Children's Health (2007) Heavy menstrual bleeding. Clinical Guideline</li> <li>2. NICE (2007) Heavy menstrual bleeding: assessment and management <a href="https://www.nice.org.uk/guidance/cg44">https://www.nice.org.uk/guidance/cg44</a></li> <li>3. National Collaborating Centre for Womens Health (2007) Heavy Menstrual Bleeding. Evidence Tables. <a href="https://www.nice.org.uk/guidance/cg44/evidence/evidence-tables-pdf-195071294">https://www.nice.org.uk/guidance/cg44/evidence/evidence-tables-pdf-195071294</a></li> </ol>

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