NHS
Greater Manchester

Dilatation and curettage (D&C) and Hysterectomy for heavy menstrual bleeding Commissioning Statement

Version 2.4 (3 April 2025)

Criteria

1. Clinicians are expected to diagnose, refer and manage patients in line with NICE NG88: Heavy menstrual bleeding: assessment and management

2. **Diagnostic dilatation and curettage (also known as D&C) for heavy menstrual bleeding**

This commissioning statement covers both diagnostic dilatation and curettage and dilatation and curettage used solely to treat heavy menstrual bleeding. These procedures are **not** commissioned. Please refer for hysteroscopy or ultrasound investigations instead.

3. **Hysterectomy for heavy menstrual bleeding** (also known as HMB) is commissioned only as a second-line or subsequent treatment.

4. Refer menorrhagia to secondary care urgently if:

- Physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously due to uterine fibroids).
- Fibroids of 3 cm or more in diameter to specialist care for additional investigations.
- There is a pelvic mass associated with any other features of cancer (such as unexplained bleeding or weight loss). In this case use the cancer pathway referral **(**for an appointment within 2 weeks)

5. Refer to Secondary care for assessment and possible surgery if:

- There are complications, such as compressive symptoms from large fibroids (for example dyspareunia, pelvic pain or discomfort, constipation, or urinary symptoms).
- The woman has iron deficiency anaemia which has failed to respond to treatment, and other causes have been excluded.
- Menorrhagia has not improved despite compliance with all treatment options as per NICE NG88.

6. If pharmacological treatment is needed while the woman is awaiting treatment or referral appointment, offer tranexamic acid and/or a non-steroidal anti-inflammatory drug.

Please Note:

It must be recorded in the patient notes that a discussion with their healthcare professional about all their treatment options has taken place as per NICE QS47.

Exclusions

1. The following are excluded from this commissioning statement:

Investigations

- Hysteroscopy (outpatient, day case and inpatient), including see and treat services.
- Pelvic ultrasound
- Transvaginal ultrasound
- Dilatation to enable hysteroscopy.

Treatments

- Levonorgestrel-releasing intrauterine system.
- Medical and hormonal treatments
- Endometrial ablation
- Myomectomy
- Dilatation and curettage for evacuation of retained products of conception.

Notes for clinicians:

1. When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

2. Treating clinicians can submit an Individual Funding Request, also known as an IFR, outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester IFR Operational Policy.