**PRIOR APPROVAL REQUEST**

**Hysterectomy for heavy menstrual bleeding**  
Hertfordshire and west Essex Evidence Based Intervention policies can be viewed at  
<https://www.hweclinicalguidance.nhs.uk/clinical-policies>

Prior funding approval should be sought for **ALL** hysterectomies for heavy menstrual bleeding except:

* Emergency hysterectomy
* Confirmed or suspected malignancy (refer/treat under 2 week rule)

**Please complete and return this form along with clinic letter/supporting evidence to**: priorapproval.hweicb@nhs.net Tel: 01707 685354

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| **Patient consent** | This application has been discussed with the patient and the patient consents to relevant information being shared with the ICB. | Please tick |

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| **Date form completed** |  |
| **Urgency** | Routine (5 working days turnaround time)  Urgent (2 working days turnaround time)  **Note: An urgent request is one in which a delay may put the patient’s life at risk.**  **Turnaround times commence the working day after receipt of the funding application** |
| **Patient details** | Name: Date of birth: - - / - - / - - - -  Address:  Telephone number: NHS No:   Hospital number:  GP Name: Practice: |
| **Applying Clinician’s details** | Consultant Name: Hospital/Organisation:  Contact details:  (Including email) |
| **Declaration** | I declare that the information provided is, to the best of my knowledge, true and I am aware that this procedure may be subject to clinical audit. |

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| **Box 1.**  **Reasons for hysterectomy** | 1. Abnormal bleeding, malignancy not excluded – as described in the clinic letter  2. Dysfunctional uterine bleeding, malignancy not suspected (complete boxes 2&3)  3. Large (3cm or more) or multiple fibroids (complete boxes 2&3) |

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| **Box 2.**  **Criteria for hysterectomy for HMB and/or large or multiple fibroids.** | **ALL must apply and should be evidenced in an accompanying clinic letter.**  Recommendations for the medical treatment of heavy menstrual bleeding  (and/or symptomatic large or multiple fibroids)  set out in NICE Clinical Guideline NG88 for Heavy Menstrual Bleeding  have failed, or are contraindicated, or has been declined by the woman  **AND**  There is a wish for amenorrhoea (no periods)  **AND**  The woman has been fully informed of the implications of surgery, and does not wish to retain her uterus and fertility |

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| **Box 3.**    **Treatment tried for HMB** | |  |  |  | | --- | --- | --- | |  | **Y/N** | **Duration and Comments including if the treatment is not deemed suitable and reasons** | | NSAIDS / Tranexamic acid. |  |  | | Combined hormonal contraception, cyclical oral progestogens. |  |  | | LNG-IUS |  |  | | Endometrial ablation |  |  | | Uterine Artery Embolisation |  |  | | Myomectomy |  |  | | Other – specify |  |  | |

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| **For patients where the criteria are not met and it can be demonstrated that there is an exceptional healthcare need, an Exceptional Case Request Form can be submitted to the IFR team.** |

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| **Shared Decision Making** | Patients should be supported with their decisions. Resources that can support implementation of shared decision making can be found on the NHS England website:  <https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/> |

**HWE ICB Fitness for Elective Surgery policy criteria**

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| **Smoking status** | Never smoked  Current smoker  Ex-smoker – date last smoked: - - / - - / - -  For patients who currently smoke or have stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery |
| **Measurements** | Height: ……….cm Weight: …………kg BMI ……….. kg/m²    **BMI >40 –** Patientsare expected to reduce their weight by 15% or BMI <40 (whichever is greater).  **BMI 30-40 -** Patients are expected to lose 10% of their weight or reduce BMI to <30.  If the patient has already achieved their target weight loss in the last 9 months, please give details of previous recorded measurements and the date recorded by clinician or, attach referral coversheet from GP or community provider.  Previous Weight: ………..kg Previous BMI ………… kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….  For surgery other than hip, knee or spinal, where the patient’s BMI is 30 to 40 and metabolic syndrome has been actively excluded in the last 18 months, please attach copy of evidence from GP or Community referral form.  At 9 months, if the patient has not met their target weight and/or stopped smoking, they should be reassessed for their need for- and fitness for- surgery.  See the Fitness for Elective Surgery policy at  <https://www.hweclinicalguidance.nhs.uk/clinical-policies/fitness-for-surgery/> |