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| Intervention | **078. Hysterectomy for menorrhagia** |
| For the treatment of: | Menorrhagia |
| Commissioning position | This intervention is commissioned if:* other treatment options have failed or are contraindicated AND
* there is a wish for amenorrhoea AND
* the individual requests it after being fully counselled about the related risks AND
* the individual no longer wishes to retain their uterus and fertility.
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| Summary of Rationale | Hysterectomy should not be used as a first-line treatment for heavy menstrual bleeding. Both the immediate and late risks of the operation must be discussed, which include effects on sexuality and fertility, bladder function, treatment complications and psychological impact. Use of a patient decision support tool is recommended.However, the NICE and EBI recommendation is that healthcare professionals understand what matters most to each individual and support their personal priorities and choices. Similarly, if deciding to undertake hysterectomy, the route (laparoscopy, laparotomy or vaginal) must be discussed with the woman, and her preferences considered. |
| References | [EBI Hysterectomy for heavy menstrual bleeding (AOMRC)](https://ebi.aomrc.org.uk/interventions/hysterectomy-for-heavy-menstrual-bleeding/)[NG 88 Heavy menstrual bleeding: assessment and management (NICE)](https://www.nice.org.uk/guidance/ng88)[Patient Decision Support Tool - Treatments for heavy periods (NHSE)](https://www.england.nhs.uk/wp-content/uploads/2023/11/PRN00250-dst-making-a-decision-about-heavy-preiods.pdf) |
| Effective from: | January 2025 |
| Policy Review Date | January 2028 |