

Hull Clinical Commissioning Group

General Commissioning Policy

Intervention	Dilatation and Curettage (D&C)
For the treatment of	Gynaecological problems
Background	<p>From April 2013 NHS England took over responsibility for commissioning activity in primary care, where initial conservative treatment takes place. NHS Hull CCG is responsible for commissioning activity in secondary care, and this policy sets out the limited circumstances in which D&C is commissioned. Dilatation and curettage (D&C) is a procedure performed under general anaesthetic in which the lining of the uterus (the endometrium) is biopsied or removed by scraping (curettage).</p>
Commissioning position	<p>NHS Hull CCG only commissions dilatation and endometrial biopsy for <u>diagnostic</u> purposes, where there is a need to send a sample of endometrial tissue to the pathology laboratory for examination. Biopsy is usually done by aspiration; however very rarely a metal curette may be used. Dilatation may be used if the cervix is scarred due to previous surgery.</p> <p>NHS Hull Clinical Commissioning Group (CCG) does not commission D&C as a therapeutic treatment for heavy menstrual bleeding or any other uterine bleeding disorder.</p>
Effective from	July 2014
Summary of evidence / rationale	<p><i>Diagnostic D&C:</i> Ultrasound scanning (1st line) or hysteroscopy [with or without biopsy] (2nd line) are recommended as diagnostic techniques to investigate uterine bleeding disorders. (Refs 1 and 2). If the scan and the hysteroscopy do not show a visible lesion, then a tissue sample may be taken, by endometrial biopsy, for examination. This is routinely done using a small hollow plastic tube that removes a small plug of tissue on gentle suction (aspiration curettage), and only unusually by sharp curettage.</p> <p>Hysteroscopy with endometrial biopsy by aspiration is also the preferred technique to remove polyps and other benign lesions, as it allows targeted removal.</p> <p><i>Therapeutic D&C:</i> There is limited evidence on the effectiveness of D&C in the management of menorrhagia. The one study that was identified by NICE showed that any effect was temporary, so its use is not recommended.</p> <p><i>Evacuation of retained products of conception (ERPC):</i> where surgical evacuation after incomplete miscarriage or delivery is clinically indicated over medical management and watchful waiting, vacuum aspiration has superseded D&C as it is quicker, safer, easier and less painful. (Refs 5-9).</p> <p><i>Gestational trophoblastic disease:</i> vacuum aspiration is the preferred method of evacuation irrespective of uterine size in</p>

Notes

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.
2. General Commissioning Policy Statements are agreed by the Planning and Commissioning Committee on behalf of NHS Hull Clinical Commissioning Group.

	patients with suspected hydatidiform mole who want to preserve fertility (Ref 10).
Date	June 2017
Review Date	June 2018
Contact for this policy	Karen Billany, Head of Acute Care, NHS Hull Clinical Commissioning Group. Karen.billany@nhs.net

References

1. Investigation of Post-Menopausal Bleeding. SIGN Publication No 61; 2002. <http://www.sign.ac.uk/pdf/sign61.pdf>
2. National Institute for Health and Clinical Excellence. *Heavy menstrual bleeding. Investigation and treatment*. London: NICE; 2007. <http://guidance.nice.org.uk/CG44>
3. Apgar BS, Kaufman AH, George-Nwogu U, Kittendorf A. Treatment of menorrhagia. *Am Fam Physician*. 2007 Jun 15;75(12):1813-9. <http://www.aafp.org/afp/2007/0615/p1813.pdf>
4. Duckitt K, Collins S. Menorrhagia. *Clin Evid (Online)*. 2008; 2008. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2907973/pdf/2008-0805.pdf>
5. Lethaby A, Hickey M, Garry R, Penninx J. Endometrial resection and ablation techniques for heavy menstrual bleeding. *Cochrane Database Syst Rev*. 2013 (4):CD001501. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001501.pub4/abstract>
6. Nanda K, Pelligia A, Grimes D, Lopez L, Nanda G. Expectant care versus surgical treatment for miscarriage. *Cochrane Database Syst Rev*. 2012 (2):CD003518. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003518.pub3/abstract>
7. Tunçalp O et al. (2010) Surgical procedures for evacuating incomplete miscarriage *Cochrane Database Syst Rev*. 2010 (1):CD001993. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001993.pub2/abstract>
8. Trinder J, Brocklehurst P, Porter R, Read M, Vyas S, Smith L. Management of miscarriage: expectant, medical, or surgical? Results of randomised controlled trial (miscarriage treatment (MIST) trial). *BMJ*. 2006 May 27;332(7552):1235-40. <http://www.bmj.com/content/332/7552/1235?view=long&pmid=16707509>
9. Chen BA, Creinin MD. Contemporary management of early pregnancy failure. *Clin Obstet Gynecol*. 2007 Mar;50(1):67-88. <http://www.ncbi.nlm.nih.gov/pubmed/17304025>
10. Seckl MJ, Sebire NJ, Berkowitz RS. Gestational trophoblastic disease. *Lancet*. 2010 Jul 28. <http://download.thelancet.com/flatcontentassets/pdfs/S0140673610602802.pdf>