

## **FEmISA's Grave Concerns about the New Recommendation from the Review of NICE Clinical Guidelines on Heavy Menstrual Bleeding [HMB] (which includes fibroids)**

The current NICE Clinical Guidelines on Heavy Menstrual Bleeding developed in 2007 made significant advances in giving women access to safer, less invasive treatment that enabled women to retain their fertility with alternatives to hysterectomy as a first line treatment for heavy menstrual bleeding and fibroids >3cm.

The new recommendations contained in this review are not patient centred, promote old, less safe, very invasive procedures, particularly hysterectomy, which have never been reviewed for safety or efficacy, have a higher complication and death rate and are more expensive to the women, their families, their employers and the NHS. This is a very regressive step for women and the NHS.

1. **Less Safe Painful, Invasive Diagnosis** - Outpatient hysteroscopy is recommended to replace abdominal ultrasound as the first line diagnostic test. Hysteroscopy has never been reviewed for safety and efficacy. It can be 'excruciatingly painful' for many women and no analgesia is normally offered. It has a published mortality rate of 0.6% - currently 180 women die each year in England and the incidence of uterine perforation is 0.014%, and infectious complications account for 0.3% to 1.6% of cases. The number of women suffering complications would increase. A woman would have to take a whole day off work and need someone to pick them up from hospital. Hysteroscopy cannot visualise any structural abnormality outside the reproductive tract, so subserosal fibroids and other diseases such as endometriosis would not be diagnosed. Women would also have to wait longer for their diagnosis.

The first line diagnosis is currently abdominal ultrasound which is safe, non-invasive, not at all painful and takes about 30 minutes. This can visualise all types of fibroids and other abnormalities. It is much more sensible, cost effective and safer to use this as a first line diagnosis. Sometimes ultrasound is not clear enough, so then MRI can be used, which is also safe and non-invasive. Women who have polyps or other disease that can be treated by hysteroscopy could then have this treatment. Ultrasound costs £40. MRI - £114 -164, hysteroscopy - £340

2. **Longer Waits** - The current Guidelines have a fast track for women diagnosed with fibroids to be referred to hospital. This has been removed in the new version, so women would have to wait longer.

3. **Drug Treatment** - Newer drugs with fewer side effects are welcome alleviate symptoms while diagnosis and longer-term effective treatment is planned. They are not a substitute for effective treatment and can only be used for a short time.

4. **Recommendations for Treatments that have never been Reviewed for Safety and Efficacy** - The new version recommends that women with fibroids >3cm could be treated by endometrial ablation and those with submucosal fibroids, hysteroscopic removal. Neither of these has been formally reviewed for safety and efficacy and would reduce women's choice and possibly safety.

5. **Reducing Informed Choice for Women** - The main concern is that current Guidelines are not followed and women are often not properly, fully and objectively informed about their treatment options and may only be offered hysterectomy by gynaecologists. Gynaecologists have no training

or education in less invasive treatment carried out by interventional radiologists such as UAE and lack the knowledge to inform women.

**6. Multi-Disciplinary Fibroid Clinics** - FEmISA advocates a multi-disciplinary fibroid outpatient clinic where both interventional radiologists and gynaecologists work together to fully, properly and objectively inform women of all their treatment options so they can make an informed choice. Currently there are only a few of these and they represent 'best practice'.

**7. Reduction of Patient Information and Choice** - The current Guidelines say that women should be sent information about all their treatment options before their outpatient appointment. This has been deleted. The new version adds a new question for women— "*whether she wants to retain her fertility and/or her uterus. [2017]*". This is based on misogyny, is discriminatory and will be used as an excuse by gynaecologists to only offer hysterectomy, when there are other considerably safer, less invasive treatments such as UAE or myomectomy.

**8. Protecting Healthy Ovaries** - The current version of Guidelines states – "Removal of healthy ovaries at the time of hysterectomy should not be undertake". This has been removed and thus the protection it gives to women from being pressurised into this.