July 2011

Where you have requested information for the last 2 years, we have provided information for admissions between 01/07/09 to 30/06/11

To note, these figures are based on looking at the diagnoses/procedures in a given episode. So for example, of those patients in point 1), they will only be counted in points 2 – 6 if they also had the specified diagnosis/procedure in that same episode.

1) *How many women were seen by your Trust for heavy menstrual bleeding and dysmenorrhea in the last 2 years?*

   In the last 2 years a total of 47 women were diagnosed with heavy menstrual bleeding and dysmenorrhea.

2) *How many had a fibroids fully diagnosed? How many did not have the cause fully diagnosed?*

   A total of 9 of the 47 of the women diagnosed with heavy menstrual bleeding and dysmenorrhea were also diagnosed as having fibroids.

3) *How many women were diagnosed with symptomatic fibroids, requiring treatment in you hospital in the last 2 years?*

   Please see our response to question 2 above.

4) *How many women underwent a hysterectomy for the treatment of Fibroids in the last 2 years? How many were abdominal, laparoscopic and vaginal?*

   Fewer than 5 women underwent a hysterectomy. We are unable to provide a further details as this may lead to the identification of the individuals concerned. The procedures were either carried out by abdominal hysterectomy or by laproscopic abdominal hysterectomy.

5) *How many women with fibroids underwent UFE treatment in the last 2 years? If this service is not offered in your Trust, what arrangements are in place for referrals and where do you refer?*

   This service is not offered at this Trust. However, GPs can refer directly to hospitals such as Royal Surrey County Hospital or St. Thomas's Hospital.

6) *How many women with fibroids underwent myomectomy in the last 2 years? If this service is not offered in you Trust, what arrangements are in place for referrals and where do you refer?*

The myomectomy surgical procedure to remove fibroids is offered by our Trust. The types of myomectomy procedure would depend on the size and location of the fibroids. These procedures can be carried out by laparotomy, laparoscopy and trans-cervically by hysteroscopy (if the fibroids are submucous and suitable in size).

During the last 2 years fewer than 5 women underwent myomectomy procedures. We are unable to provide any further details as this may lead to identification of the individuals.

7) *What is your normal diagnostic pathway for women with heavy menstrual bleeding, menorrhagia and dysmenorrhea?*

- All patents should have a pelvic ultrasound; full blood count (FBC) and a check that cervical smears are up to date and normal.

- If under 40 years old, patients are offered treatment with tranexamic acid / mefenamic acid; other hormonal treatment such as the Pill/ progestagens, Mirena IUS; or endometrial ablation.

- If pelvic ultrasound is not normal, patients are referred for diagnostic hysteroscopy.

- If over 40 years old, a diagnostic hysteroscopy would be considered and the patient treated accordingly

- If endometriosis is suspected then we would discuss with the patient undertaking a diagnostic laparoscopy

8) *NICE Clinical Guidelines CG044 issued Jan'07 on 'Heavy Menstrual Bleeding' states that all women with fibroids >3cm must be offered uterine artery embolisation (UAE), myomectomy and hysterectomy. What processes do you have in place to ensure that all women are fully informed of these treatment options and given alternatives to hysterectomy?*

Alternatives for treatment by hysteroscopy, such as uterine artery embolisation (UAE) and magnetic resonance imaging (MRI) guided focused ultrasound are discussed with the patient at the outpatient consultation. Risks for each option would also be discussed.

9) *What information do you provide to women to ensure they are fully and objectively informed about their treatment options – please send examples of information leaflets and links to your website*

Patient information leaflets for myomectomy and hysterectomy are available on request..