

General Commissioning Policy

Treatment	Ovarian cysts
For the treatment of	Ovarian cysts
Background	<p>NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This commissioning policy is needed in order to clarify the criteria for ovarian cysts.</p>
Definition	<ul style="list-style-type: none"> • Ultrasound scan is initial investigation of choice – transabdominal and possibly transvaginal • Radiology will give guidance on further management but assess the patient clinically and continue to investigate if concerned • Radiology department at YHFT has a complicated algorithm (depending on size and features of cyst) and will offer guidance about management. If a referral to Gynaecology is recommended, then a CA125 should be considered <p>Exclude Red Flag Symptoms</p> <ul style="list-style-type: none"> • Abdominal/vaginal mass, thought to be ovarian, will need urgent USS and CA125 or 2WW referral • Raised CA125
Management	<p>Will be guided by radiology report of USS or CT/MRI</p> <p>Indications for referral</p> <ul style="list-style-type: none"> • As guided by scan report • Consider admission for a woman presenting with any ovarian torsion symptoms with a known ovarian cyst via Gynae registrar on-call <p>Examination Findings Abdominal and vaginal examination – good clinical practice</p>
Investigations prior to referral	<ul style="list-style-type: none"> • USS and CA125
Information to include in	<ul style="list-style-type: none"> • Symptoms and timescale • Current contraception / hormone therapy

Responsible GP – Dr Omnia Hefni, SRCCG	Approved: February 2017
Responsible Consultant – Ms Louise Hayes, YHFT	Date published: February 2017
Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt	NHS Scarborough & Ryedale Clinical Commissioning Group

referral letter	<ul style="list-style-type: none"> • Abdominal/vaginal findings • Smear history • USS result • CA125 • Relevant past medical / surgical history • Current regular medication • BMI • Smoking status
Patient information	Ovarian cysts before the menopause
Date reviewed	January 2017
Next Review Date	2019
Contact for this policy	CCG Service Improvement Team scrccg.rssifr@nhs.net

References:

1. Levine D et al. Management of Asymptomatic Ovarian and other Adnexal Cysts imaged at US; Society of Radiologist in Ultrasound Consensus Conference Statement. Radiology 2010; 256; 943-954
2. Sauders B et al. Risk of malignancy in sonographically confirmed septated cystic ovarian tumours. Gynaecologic Oncology 2010 – 118; 278-282
3. Greenlee R et al. Prevalence, incidence and natural history of simple ovarian cysts among women >55yrs old in a large cancer screen trial. American Journal of Obstetrics and Gynaecology 2010 ; 202-373 e 1-9
4. Ovarian cysts in Postmenopausal Women. Royal College of Obstetricians and Gynaecologists 2003 Guideline No 34
5. Ovarian masses in premenopausal women RCOG 2011 Green top Guideline 62

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