NHS
Scarborough and Ryedale
Clinical Commissioning Group

## General Commissioning Policy

| | |
|---|---|
| **Treatment** | **Endometriosis** |
| **For the treatment of** | **Endometriosis** |
| **Background** | 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.<br><br>This commissioning policy is needed in order to clarify the criteria for referral for endometriosis. |
| **Definition** | Presence of endometrial-like tissue outside the uterus, which induces a chronic, inflammatory reaction. Some women experience painful symptoms and/or infertility, others have no symptoms. Prevalence 2-10% of reproductive age women or up to 50% of infertile women.<br>Consider the diagnosis when patient has following symptoms:<br>• Dysmenorrhoea, non-cyclical pelvic pain, deep dyspareunia, infertility, difficulties with defaecation, rectal bleeding, dysuria, haematuria<br><br>**Exclude Red Flag Symptoms**<br>Laparoscopy and biopsy are considered 'gold standard' for diagnosis of endometriosis and to exclude malignancy. |
| **Management** | • Ultrasound is recommended (usually abdominal and transvaginal) to diagnose and detect endometrioma/mass in pelvis or ovaries that may need further investigation<br>• Empirical treatment with adequate analgesia, combined hormone contraceptives or progestogens for at least 6 months before considering further investigation<br>• If symptoms controlled, no need for further referral<br><br>**Treatment options:**<br>Combined hormone contraceptives (CHC) – see joint formulary<br>• Can be given continuously to reduce dyspareunia, dysmenorrhoea and non-menstrual pain<br>• Break through bleeding may occur after a few months but can be controlled by having a break of 5 days and then starting CHC again |

| | |
|---|---|
| | **Progestogens** – oral or depot or IUS – can reduce pain and control bleeding<br><br>**GnRH agonists** – (Zoladex, prostap) – usually initiated in secondary care under shared care guidelines. Can be used to reduce pain and control bleeding. May need add-back HRT to help with symptoms<br><br>**NSAIDs** – should be considered to reduce pain; but used in caution if a patient is trying to conceive as associated with a higher miscarriage rate<br><br>**If patient stops treatment above because wanting to become pregnant, follow RSS guidelines on Subfertility** |
| **Investigations prior to referral:** | • Ultrasound of pelvis |
| **Information to include in referral letter** | • Symptoms that could be caused by endometriosis<br>• Treatment tried to date and results<br>• Relevant past medical / surgical history<br>• Current regular medication including any hormonal contraception<br>• BMI<br>• Smoking status<br>• Smear status<br>• Contraceptive history<br>• Vaginal examination |
| **Patient Support** | 1. RCOG Patient Guide to Endometriosis<br>2. Audio version of the leaflet – click here |
| **Date reviewed** | January 2017 |
| **Next Review Date** | 2019 |
| **Contact for this policy** | CCG Service Improvement Team<br>scrccg.rssifr@nhs.net |

**References:**


1. ESHRE European Society of Human Reproduction and Embryology – Management of women with endometriosis – January 2014