

General Commissioning Policy

Treatment	Polymenorrhea
For the treatment of	Polymenorrhea
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 polymenorrhea.</p>
Commissioning position	<p>Definition</p> <p>Frequent bleeding with shorting of menstrual cycle (eg < K- 5/21) for more than 3 cycles</p> <p>Exclude Red Flag Symptoms</p> <ul style="list-style-type: none"> • Persistent Intermenstrual bleeding (IMB) if >45 or other risk factors for endometrial cancer (eg obesity, PCOS unopposed estrogen, tamoxifen) • Age over 45 is a relative indication for early referral
Management	<p>Under age 45</p> <p>Consider hormonal profile: TFTs, FBC</p> <p>Offer hormonal therapy (any of):</p> <ol style="list-style-type: none"> 1. COCP 3m minimum 2. Cyclical Norethisterone/ Provera days 5-24, for three cycles 3. Depo Provera 4. Mirena- at least 6m trial <p>If enlarged uterus on examination: Routine USS, if normal- under 14w size- consider Mirena.</p>
Investigations prior to referral	<ul style="list-style-type: none"> • Chlamydia screening • High Vaginal Swab • Pelvic USS • Nb DON'T perform a cervical smear if outside the screening programme

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

Information to include in referral letter	<ul style="list-style-type: none"> • Describe problem (cycle, quantity e.g. pad usage, duration) and effect of quality of life • FBC and USS results • Current contraception • Smear history (including last smear & result) <i>the patient will still be seen without this but if you can retrieve it automatically it speeds up the appointment</i> • Treatment options <i>please include which tried and whether effective</i> <p>Desirable information</p> <ul style="list-style-type: none"> • Indication of parity • Expectations of referral • Exclusions of pathology & reassurance • Endometrial ablation/TCRE • Hysterectomy
Date reviewed	January 2017
Next Review Date	2019
Contact for this policy	CCG Service Improvement Team scrccg.rssifr@nhs.net

References:

1. NICE Guideline Jan 2007 Heavy Menstrual Bleeding
2. Faculty of Sexual and Reproductive Healthcare (FSRH). Management of Unscheduled Bleeding in Women Using Hormonal Contraception. London: Royal College of Obstetricians and Gynaecologists (RCOG); 2009.

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