FEmISA
Fibroid Embolisation: Information, Support & Advice

PRESS RELEASE 14.3.18

FEmISA QUERIES NICE STATISTICS ON HYSTEROSCOPY AND CONDEMNS NICE REVISED HEAVY MENSTRUAL BLEEDING GUIDELINES AS UNSAFE FOR WOMEN

MANY MORE WOMEN WILL DIE AND SUFFER SERIOUS COMPLICATIONS WHILE GYNAECOLOGISTS INCREASE SELF-REFERRALS

NICE states in its press release that – ***"It is estimated this recommendation will lead to a rise in the number of women having hysteroscopy from around 5,000 to around 15,000 in England each year, an increase of 10,000."*** - **https://www.nice.org.uk/news/article/10-000-more-women-to-be-offered-test-to-identify-the-cause-of-heavy-periods**

According to the latest NHS England in-patient statistics - There were over **61,000** diagnostic hysteroscopic procedures in the NHS in England, **not 5,000**.
NHS Digital, Hospital Episode Statistics for England. Admitted Patient Care statistics, 2016-17. There were –

‡ Q18.1	Diagnostic endoscopic examination of uterus and biopsy of lesion of uterus	30,639
‡ Q18.8	Other specified diagnostic endoscopic examination of uterus	12,659
Q18.9	Unspecified diagnostic endoscopic examination of uterus	18,229
		61,527

https://digital.nhs.uk/catalogue/PUB30098

In addition, there were over 35,000 therapeutic hysteroscopic procedures

‡ Q17.1	Endoscopic resection of lesion of uterus	30,276
Q17.2	Endoscopic cauterisation of lesion of uterus	1,850
Q17.3	Endoscopic cryotherapy to lesion of uterus	21
‡ Q17.4	Endoscopic destruction of lesion of uterus NEC	1,420
Q17.5	Endoscopic metroplasty	92
Q17.6	Endoscopic microwave ablation of endometrium	576
Q17.7	Endoscopic balloon ablation of endometrium	426
Q17.8	Other specified therapeutic endoscopic operations on uterus	704
Q17.9	Unspecified therapeutic endoscopic operations on uterus	41
	Total	**35,406**

Deaths from these were 180 p.a (NHS – HES ONS hospital mortality data) and serious complication rates were 3.14% - approx.. 3,000 women [ii] Both will rise significantly.
Pain can be 'excruciating' and no analgesia is recommended in hospital – women have to take their own at home [iv]
Hysteroscopy - NHS costs £340 per procedure versus £40 for ultrasound. FEmISA estimates having hysteroscopy as a first line treatment will cost an extra £60 million to the NHS and for women a significant rise in mortality and complications, longer waiting times, more time off work and pro-longed suffering.

The revised NICE Clinical Guidelines on Heavy Menstrual Bleeding [HMB], (which includes fibroids) launched today is unsafe for women. Many more women will die or suffer serious complications and suffer symptoms for longer as a result of the changes. Informed choice for women and access to safer, less invasive alternatives to hysterectomy will be reduced and safeguards for women have been removed. These guidelines, run for NICE by part of RCOG *, promote the interests of and self-referral to gynaecologists at the expense of safety for women and greatly increased cost to the NHS.

- Hysteroscopy is recommended as a first line hospital diagnosis for heavy menstrual bleeding instead of ultrasound. 180 women a year die in the NHS in England from hysteroscopy [i] and a further 3,000 [ii] women suffer serious complications. If hysteroscopy is to be used as a first line hospital diagnosis these deaths and serious complications could double or triple to over 500 deaths and over 8,000 serious complications each year.[iii] It is also excruciatingly painful for some women and requires at least a day off work [iv] Ultrasound and MRI are much safer, cheaper and quicker and visualise the whole abdomen.

ENDS

Please see FEmISA's earlier press release -

http://www.femisa.org.uk/images/stories/nice%20hmb%20guidelines%20unsafe%20for%20women%20-%20femisa%20press%20release%20-%20final%2013.3.18.pdf

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INFORMATION FOR EDITORS

***NICE Clinical Guidelines on Heavy Menstrual Bleeding**

NICE subcontracts the management of guidelines and other outputs to outside organisations and this is paid for by taxpayers. These guidelines were managed by the National Collaborating Centre for Women's and Children's Health, which is part of the Royal College of Obstetrics and Gynaecology and reports to their Board. Many clinical specialities are involved in the diagnosis and treatment of HMB and fibroids e.g. pathologists, radiologists, ultra-sonographers, radiographers, pharmacists, GPs, Interventional Radiologists etc as well as gynaecologists. Although two of the hospital treatments for fibroids are performed by Interventional Radiologists and not gynaecologists the review committee consisted of 1 GP and the rest were gynaecologists and gynae nurses. After protest from FEmISA and others an Interventional Radiologist was co-opted. No other clinical specialities were involved and this knowledge gap is quite apparent in the results - https://www.nice.org.uk/guidance/gid-ng10012/documents/committee-member-list-2

INCIDENCE OF FIBROIDS

Uterine fibroids or leiomyomata are the commonest benign tumours in women of reproductive age. Up to 80% of women develop uterine fibroids with 25-30% developing symptoms that need treatment. The peak incidence occurs between 35 and 40 years old.
64,500 women in England are diagnosed each year with fibroids and structural abnormalities of the cervix and other parts of the reproductive tract.

NICE CLINICAL GUIDELINES ON HEAVY MENSTRUAL BLEEDING

There are 4 in-patient treatments for fibroids –
Hysterectomy – removal of the uterus/womb either with or without the cervix. This is the least safe, most expensive and most common treatment. The women becomes infertile and has early menopause. It has never been formally reviewed for safety and efficacy.
Myomectomy – removal of the fibroid alone either abdominal or by hysteroscopic approaches. It allows a woman to retain her fertility. This has never been formally reviewed for safety and efficacy and the mortality and serious morbidity rate is unknown.
Uterine Artery/Fibroid Embolisation [UAE/UFE] – is newer treatment performed by Interventional Radiologists since 1980s. It has been formally, positively reviewed by NICE for safety and efficacy, is minimally invasive and has a very mortality rate – no reported deaths at all in recent years. A woman retains her fertility. The hospital stay is overnight and the return to work much sooner than hysterectomy or myomectomy.
Magnetic Resonance guided Focused Ultrasound [MRgFUS] - This is an Interventional Radiology minimally invasive treatment reviewed positively by NICE for safety and efficacy.

For more information see the FEmISA web site -
http://www.femisa.org.uk/index.php/about-fibroids

Old NICE Clinical Guidelines on Heavy Menstrual Bleeding 2007 -
https://www.nice.org.uk/guidance/CG44

Revised NICE Guidelines on HMB 14.3.18 - https://www.nice.org.uk/guidance/ng88
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REFERENCES

[i] NHS – HES ONS hospital mortality data
[ii] The incidence of fluid overload - 1.6% and 2.5% (Agostini A 2002a; Overton 1997), uterine perforation is 0.014%, and infectious complications account for 0.3% to 1.6% of cases (Bradley 2002) average 3.14%
[iii]

Hysteroscopy	No. Procedures p.a. [HES 14-15]	Mortality @ 90 days [i]	Mortality Rate [i]	No. Serious Complications - rate 3.14% [ii]
Current				
Diagnostic	55,377	148	0.3%	1,739
Therapeutic	31,573	32	0.1%	991
Total	86,950	**180**		**2,956**
Projected x 2				
Diagnostic	110,754	296	0.3%	3,478
Therapeutic	63,146	64	0.1%	2,147
Total	173,900	**360**		**5,913**
Projected x 3				
Diagnostic	166,131	444	0.3%	5,648
Therapeutic	94,719	128	0.1%	3,220
Total	260,850	**572**		**8,869**

[iv] Increased mortality and morbidity from hysterectomy as first line treatment for HMB

Hysterectomy	No. Procedures p.a. [HES 14-15]	Mortality @ 90 days	Mortality Rate	No. Serious Complications -	Serious Complication Rate Maresh
Current					
Abdominal	31,086	**176**	0.6%	**1,430**	4.6%
Vaginal	7,236	**6**	0.10%	**514**	7.10%
Projected +20%					
Abdominal	37,303	**211**	0.6%	**1,716**	4.6%
Vaginal	8,683	**7**	0.10%	**617**	7.10%
Projected +30%					
Abdominal	40,412	229	0.6%	**1,859**	4.6%
Vaginal	9,407	8	0.10%	**668**	7.10%

*Maresh et AL –The VALUE national hysterectomy study: description of the patients and their surgery 202

[iv] **PAIN FOR WOMEN FROM HYSTEROSCOPY**

Hysteroscopy as a first line diagnosis for fibroids and endometriosis is unacceptable. It is very painful for many and not appropriate as an outpatient treatment.
It has been described by Lyn Brown MP (West Ham) (Lab): in a parliamentary debate in 2013 from their women constituents experiencing it as 'absolute agony' and Ms Brown went on to say "*This procedure, without anaesthesia, is barbaric. It is absolute torture. It needs to be stopped. At the very least, the patient should be informed that it could be extremely painful and have options explained and open for her. That way, she can make an informed decision as to whether to go ahead without anaesthesia.*"

Another patient was given a hysteroscopy under local anaesthetic and commented - "the procedure was still very uncomfortable and painful. I have to say that I think offering a hysteroscopy without any form of anaesthetic is barbaric."

Another woman asked about the pain said" it was excruciating". There are many more such quotes directly from women who have experienced hysteroscopy.

Bob Stewart MP : May I ask what percentage of women feel no pain whatsoever?

There was no answer at the time, it is probably none – there are no women who do not suffer pain.