



# Gynaecological conditions: rates of hysterectomy (heavy menstrual bleeding)

NICE indicator

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www.nice.org.uk/indicators/ind58

### **Indicator**

Rates of hysterectomy.

# Indicator type

Network / system level indicator.

The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our <u>NICE indicator</u> process guide.

#### Rationale

Hysterectomy is a major operation associated with significant complications in a minority of cases. Alternative effective treatments to hysterectomy are available for women with heavy menstrual bleeding, particularly for those who have a normal uterus and no significant pathology such as large uterine fibroids. Evidence suggests that some women are not offered alternatives to hysterectomy and therefore do not have access to the full range of treatment options. It is important to recognise that this indicator excludes patients with endometriosis, adenomyosis and hysterectomy for cancer. This indicator, alongside <a href="NICE's indicator on gynaecological conditions: rates of endometrial ablation">NICE's indicator on gynaecological conditions: rates of endometrial ablation</a> will enable measurement of access to and uptake of treatment options for heavy menstrual bleeding.

## Source guidance

Heavy menstrual bleeding: assessment and management. NICE guideline NG88 (2018, updated 2021)

# Specification

Numerator: The number in the denominator that include a procedure code of hysterectomy in the first episode.

Denominator: The number of hospital admissions with a primary diagnosis of heavy menstrual bleeding in the first episode.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: None

Data source: Hospital Episode Statistics (HES) Admitted Patient Care (APC).

Minimum population: The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

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