

BSIR statement on UFE

The BSIR is concerned by the decision of the Greenwich CCG to consider cessation of funding for UFE and denying woman a choice in their treatment of Fibroids. There is no mention of reducing funding of hysterectomy for the same symptoms. The consultation states that "the advantage of Uterine Artery Embolisation is that it is less invasive than surgery with a faster recovery time." But also "The reason for our approach is to help free capacity in the NHS health system to treat those with greatest clinical need as quickly as possible."

The BSIR would like to clarify the following:

- The Heavy Menstrual Bleeding. NICE clinical guideline 44 (2007) which states that
 - When surgery for fibroid-related HMB is felt necessary then UAE, myomectomy and hysterectomy must all be considered, discussed and documented.
 - UAE is recommended for women with HMB associated with uterine fibroids and who want to retain their uterus and/or avoid surgery.
- The 2017-18 tariff for fibroid embolisation is £2400 cf tariff for Non-Malignant Gynaecological Disorders with Interventions, with CC Score 6+ of £2652.
- Hospital stay after Fibroid embolisation is typically 1-2 nights
- Hospital stay after Myomectomy is typically 2 nights
- Hospital stay after Vaginal Hysterectomy is typically 1-4 nights
- Hospital stay after abdominal hysterectomy is typically 5 nights

We hope that this information will assist our members in ensuring continued provision of Interventional Radiology in the management of Fibroids. Clearly if a CCG decides to cease treatment of heavy menstrual bleeding altogether this is a matter for the local population, but removing access to UFE cannot be justified on economic grounds.

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