1. **Policy Summary**

1.1 This policy covers the treatment procedure, uterine artery embolisation (UAE) in the non-operative treatment of fibroids, which will only be funded by Ipswich and East and West Suffolk CCGs in line with the criteria below. Uterine artery embolisation is not considered an appropriate treatment for women who have not completed their family as the effects of UAE on fertility and pregnancy remain uncertain.

1.2 Threshold policies do not apply to care delivered in the management of non-elective/acute conditions.

2. **Eligibility Criteria**

2.1 Uterine Artery Embolization in the Non-Operative Treatment of Fibroids will only be funded when all the following criteria are met:

- The patient is symptomatic and conservative management (including but not limited to; gonadotropin releasing hormone analogues (GnRHAs), non-steroidal anti-inflammatory drugs (NSAIDs), hormone replacement therapy (HRT), Levonorgestrel intrauterine system (LNG-IUS), tranexamic acid, other appropriate contraceptives, Ulipristal acetate) if clinically appropriate, has been unsuccessful

**AND**

- The patient cannot or does not wish to proceed to surgery

**AND**

- The patient is aged ≥45 years who is expected to reach the menopause within the next 5 years

**AND**

- The patient is aware that symptoms may not be relieved or could return

**AND**
The patient is aware of the risk to fertility and is not considering future pregnancy

2.2 This procedure should only be carried out by radiologists with the appropriate training and competence.

3. Rationale to the Decision

4.1 NICE published IPG367 Uterine Artery Embolisation for Fibroids in 2010. It concluded that current evidence shows UAE to be efficacious for symptom relief in the short and medium term and that there do not appear to be any major safety concerns. However, the effects on fertility and pregnancy remain uncertain. NICE advise that patients who undergo uterine artery embolisation must be informed during the consent process that symptom relief may not be achieved in some women, the symptoms may return and that further procedures may be required.

In addition to the above, The Royal College of Obstetrics and Gynaecology (RCOG) have produced recommendations for the use of uterine artery embolisation in the treatment of uterine fibroids.

Given the evidence available it is appropriate to offer UAE as a treatment option for women with symptomatic fibroids who are not considering future pregnancy, who do not wish to or are unable to undergo surgery, and for those who are likely to reach the menopause within 5 years (women aged ≥45 years). These individuals are likely to receive the short/medium term benefit of UAE and, with shrinkage of the fibroids after the menopause, the likelihood of requiring re-intervention in the longer term is reduced and thus these patients may avoid invasive surgery.