

**Reference:** FOI.ICB-2627/051

**Subject:** Women's Health Guidelines

*I can confirm that the ICB does hold the information requested; please see responses below:*

QUESTION	RESPONSE
<p>Question 1.</p> <ol style="list-style-type: none"> <li>a. The latest version of the local guidelines used for the treatment of Uterine Fibroids.</li> <li>b. If there are no local guidelines written, then which National Guidelines are your clinicians directed to use?</li> </ol>	<p>GP's can refer to the <a href="#">Fibroids</a> page on Remedy which directs to the <a href="#">CKS guidelines</a> for information on assessment and management.</p> <p>Local advice is:</p> <p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• Ask about symptoms including severity, duration, and impact on daily functioning and quality of life; previous fertility issues and hopes for future fertility; risk factors; and any previous treatments.</li> <li>• Perform an abdominal and bi-manual pelvic examination to assess for pelvic tenderness and any mass(es).</li> <li>• Arrange a routine pelvic ultrasound scan via ICE request to determine the number, size, and location of fibroid(s).</li> <li>• Check a full blood count to assess for iron deficiency anaemia if there is a history of heavy menstrual bleeding and/or symptoms of anaemia.</li> </ul> <p>Referral Guidance is:</p> <p><b>Minimally Symptomatic/Asymptomatic Fibroids</b></p> <ul style="list-style-type: none"> <li>• NICE/CKS (1) guidelines suggest that these can usually be managed expectantly and referral is not required.</li> </ul>

	<ul style="list-style-type: none"> <li>• Symptoms such as pelvic pain or heavy bleeding can often be managed conservatively initially. See the <a href="#">Abnormal Vaginal Bleeding</a> or <a href="#">Persistent Pelvic Pain (women)</a> pages.</li> <li>• If in doubt about need for referral then consider requesting <a href="#">Gynaecology Advice &amp; Guidance</a>.</li> </ul> <p><b>Indications for referral (to secondary care Gynaecology for treatment)</b></p> <ul style="list-style-type: none"> <li>• Symptoms (for example, heavy menstrual bleeding) that have not improved despite initial treatments. Use of NSAIDs and/or tranexamic acid should be stopped if symptoms have not improved within 3 menstrual cycles.</li> <li>• Complications, such as compressive symptoms from large fibroids (for example dyspareunia, pelvic pain or discomfort, constipation, or urinary symptoms).</li> <li>• Fertility or obstetric problems associated with fibroids. Please note that the BNSSG <a href="#">Fertility Assessment and Treatment Policy</a> applies if referring for fertility issues alone.</li> <li>• Fibroids which are palpable abdominally, or intracavity fibroids and/or whose uterine length is measured at ultrasound, or hysteroscopy, greater than 12 cm.</li> </ul> <p>Please note: Remedy pages are usually written with support of other clinicians, including those from community/secondary care.</p>
<p>Question 2.</p> <ol style="list-style-type: none"> <li>a. The latest version of the local guidelines used for the treatment of Endometriosis.</li> <li>b. If there are no local guidelines written, then which National Guidelines are your clinicians directed to use?</li> </ol>	<p>GP's can refer to the <a href="#">Endometriosis</a> page on remedy which was written with the support of a Consultant Gynaecologist, NBT (North Bristol NHS Trust). Guidance notes that endometriosis is treated by medical or surgical methods.</p> <p>➤ Medical therapies include:</p>

- Analgesics (paracetamol, NSAIDs or stronger if pain relief not achieved)
- Hormones such as the oral contraceptive pill (combined or progesterone-only), Depo-Provera™ injection, Nexplanon™ implant and Mirena™ coil or *gonadotropin releasing hormone (GnRH)* analogues (Zoladex™)

- Surgery involves removing the deposits. This is principally completed laparoscopically

Before referral GPs are advised to:

Suspect endometriosis (including in young women aged 17 years and under) with:

- [Persistent pelvic pain](#)
- Period-related pain (dysmenorrhoea) affecting daily activities and quality of life
- Deep pain during or after sexual intercourse
- Period-related or cyclical gastrointestinal symptoms, in particular, painful bowel movements
- Period-related or cyclical urinary symptoms, in particular, haematuria or pain passing urine
- Infertility in association with 1 or more of the above.

Offer an abdominal and pelvic examination to identify masses and pelvic signs including reduced organ mobility, tender nodularity in the posterior fornix and endometriotic vaginal nodules.

Organise a pelvic ultrasound (even if the examination is normal). Perform vaginal swabs if indicated. Do not use CA125 to diagnose endometriosis. If coincidentally reported be aware CA125 may be high.

Offer initial management with a trial (e.g. 3 months) of:

- Analgesics (paracetamol or NSAID, alone or in combination)
- Hormonal treatment (combined pill or a progestogen such as the progestogen-only pill, implant (Nexplanon®), injectable (Depot-provera® or Sayana Press®), or levonorgestrel intrauterine system (Mirena®))

Suggest keeping a pain and symptom diary.

Be mindful that endometriosis is a long-term condition and can have a significant physical, sexual, psychological and social impact. Women may have complex needs and require long-term support.

Consider referral to secondary care gynaecology service;

- Southmead Hospital, NBT
- St. Michael's Hospital, UHBW (University Hospitals Bristol and Weston NHS Foundation Trust)
- Weston General Hospital, Emerson's Green Treatment Centre, if:
  - A trial of paracetamol or NSAID (alone or in combination) does not provide adequate pain relief.
  - Initial hormonal treatment is not effective, not tolerated or is contraindicated.

In addition:

For severe, persistent or recurrent symptoms of endometriosis, for pelvic signs of endometriosis or if initial management is ineffective, not tolerated or is contraindicated.

If suspected or confirmed deep endometriosis involving the bowel, bladder or ureter, endometrioma ( $\geq 3\text{cm}$ ) or extra pelvic endometriosis e.g. thoracic endometriosis, GP's are advised to ensure referral is to an endometriosis centre (Southmead Hospital

	<p>and St Michael's Hospital are BSGE (British Society of Gynaecological Endoscopy) accredited endometriosis centres providing gynaecologists, specialist nurse, colorectal surgeon, urologist and pain specialist all with expertise in endometriosis.)</p> <p>The following guidelines are also provided as resources:</p> <p><a href="#">Endometriosis FAQ</a> - The gynaecology team at UHBW has looked at some of the most common questions GPs have when patients present with symptoms which could be endometriosis.</p> <p><a href="#">Persistent (Chronic) Pelvic Pain</a> page and <a href="#">Dyspareunia</a> page of Remedy.</p> <p><a href="#">NICE guideline [NG73] Endometriosis: diagnosis and management September 2017</a></p> <p><a href="#">ESHRE guideline Management of women with endometriosis September 2013</a></p>
<p>Question 3.</p> <p>a. Which Hospitals within your catchment area are centres for the treatment of Uterine Fibroids and Endometriosis?</p>	<p>Secondary care gynaecology services are available at (exclusions apply at some, they may not all cover both):</p> <ul style="list-style-type: none"> <li>• UHBW – St. Michael's &amp; SBCH (South Bristol Community Hospital)</li> <li>• NBT - clinics held at Southmead, Cossham, Yate, Clevedon &amp; Thornbury</li> <li>• Weston General Hospital</li> <li>• Practice Plus Group - Emersons Green &amp; Shepton Mallet Treatment Centres</li> <li>• Sulis Bath</li> <li>• Royal United Hospital, Bath</li> </ul>

	<p>Endometriosis specialist centres (BSGE (British Society of Gynaecological Endoscopy) accredited) are at:</p> <ul style="list-style-type: none"> <li>• Southmead Hospital, NBT</li> <li>• St. Michael's Hospital, UHBW</li> </ul>
<p>Question 4. a. Can I have a link to the formulary of formularies that cover the hospitals listed in Question 3.</p>	<p>The BNSSG Joint Formulary can be found on the BNSSG Remedy website: <a href="#">About the BNSSG Joint Formulary (Remedy BNSSG ICB)</a></p>

***The information provided in this response is accurate as of 13 May 2026 and has been approved for release by Dr Ananthakrishnan Raghuram, Chief Clinical Leadership and Delivery Officer (Medical) for NHS Bristol, North Somerset and South Gloucestershire ICB.***