

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC59 Management of Female Pelvic Organ Prolapse
Date of BOBFPC Recommendation	February 2024

The Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee has considered the national guidance^{1,2} and evidence for the treatment of pelvic organ prolapse and recommends that referral for specialist assessment for surgical interventions will only be funded when the following criteria have been met:

- Vaginal oestrogen for women with pelvic organ prolapse and signs of vaginal atrophy has been offered where appropriate.
- Prolapse inside of the vagina:
Patient has had 3 months of supervised pelvic floor muscle training with a specialist physiotherapist AND has been offered a ring pessary, but this has not improved symptoms, or has been declined.
- Prolapse at the level of the entrance of the vagina:
Patient had had 3 months of supervised pelvic floor muscle training with a specialist physiotherapist AND has been offered a ring pessary, but this has not improved symptoms, or has been declined.
- Prolapse outside of the vagina:
Patient has been offered a ring pessary, but this has not improved symptoms, or has been declined.

BOBFPC recommends that in line with NICE¹, women considering surgery should be provided with information on all of the treatment options including: no treatment; physiotherapy; pessaries and surgical options. Women should be informed of the uncertainties about the long term adverse effects for all procedures, particularly those involving the implantation of mesh materials which provide artificial support when repairing weakened or damaged tissue.

All surgical procedures should be undertaken with due regard to the report of the Independent Medicines and Medical Devices Safety Review: "First Do No Harm" (2) and current NICE guidance including those procedures under high vigilance restriction.

The treatment of pelvic organ prolapse with laser is **not normally funded** due to a lack of evidence of clinical and cost effectiveness.

References:

1. NICE Guideline 123 (2019): Urinary incontinence and pelvic organ prolapse in women: management <https://www.nice.org.uk/guidance/ng123>
2. First Do No Harm; The report of the Independent Medicines and Medical Devices Safety Review https://immdsreview.org.uk/downloads/IMMDSReview_Web.pdf

Procedure codes

P221	Anterior and posterior colporrhaphy and amputation of cervix uteri
P222	Anterior colporrhaphy and amputation of cervix uteri NEC
P223	Posterior colporrhaphy and amputation of cervix uteri NEC
P228	Other specified repair of prolapse of vagina and amputation of cervix uteri
P229	Unspecified repair of prolapse of vagina and amputation of cervix uteri
P231	Anterior and posterior colporrhaphy NEC
P232	Anterior colporrhaphy NEC
P233	Posterior colporrhaphy NEC
P234	Repair of enterocele NEC
P235	Paravaginal repair
P236	Anterior colporrhaphy with mesh reinforcement
P237	Posterior colporrhaphy with mesh reinforcement
P238	Other specified other repair of prolapse of vagina
P239	Unspecified other repair of prolapse of vagina
P241	Repair of vault of vagina using combined abdominal and vaginal approach
P242	Sacrocolpopexy
P243	Repair of vault of vagina using abdominal approach NEC
P244	Repair of vault of vagina using vaginal approach NEC
P245	Repair of vault of vagina with mesh using abdominal approach
P246	Repair of vault of vagina with mesh using vaginal approach
P247	Sacrospinous fixation of vagina
P248	Other specified repair of vault of vagina
P249	Unspecified repair of vault of vagina
P288	Other specified repair of prolapse of vagina
P289	Unspecified repair of prolapse of vagina
Q544	Suspension of uterus using mesh NEC
Q545	Sacrohysteropexy
Q546	Infracoccygeal hysteropexy

Diagnosis Codes

N81	Female genital prolapse
N810	Female urethrocele
N811	Cystocele
N812	Incomplete uterovaginal prolapse
N813	Complete uterovaginal prolapse
N814	Uterovaginal prolapse, unspecified
N815	Vaginal enterocele
N816	Rectocele
N818	Other female genital prolapse
N819	Female genital prolapse, unspecified
N993	Prolapse of vaginal vault after hysterectomy

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policy statements can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)