Derby and Derbyshire
Integrated Care Board

CLINICAL POLICY ADVISORY GROUP (CPAG)

Surgical Haemorrhoidectomy Policy

Statement

Derby and Derbyshire ICB, in line with its principles for Evidence Based Interventions (EBI) has deemed that **Surgical Haemorrhoidectomy** should not routinely be commissioned unless the criteria listed within this policy are met.

The ICB will only fund treatment for Surgical Haemorrhoidectomy if indication A or B is met:

Criteria A

- Recurrent (Grade 3) and persistent symptomatic haemorrhoids that fails to respond to conservative treatment. Patients should be recommended to try the following options in Primary Care:
  - Dietary changes such as increased oral fluid intake, high fibre diet and fibre supplementation
  - Topical treatment
  - Rubber band ligation (dependent on training and equipment availability within primary care - however would also be carried out by secondary care)

Criteria B

- Haemorrhoids that cannot be successfully reduced and where banding is not appropriate
- Recurrent Grade 4 combined internal/external haemorrhoids with persistent pain or bleeding

Alternative surgical treatment interventions where available within Secondary Care should also be considered for the treatment of severe haemorrhoids, which include:

- Haemorrhoid artery ligation operation
- Stapled Haemorrhoidoplasty
- Excisional haemorrhoidectomy

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Haemorrhoids also known as piles are swollen veins in the anal canal. This common problem can be painful but is usually not serious. Veins can swell inside the anal canal to form internal haemorrhoids. Or they can swell near the opening of the anus to form external haemorrhoids. Factors which are thought to contribute to the development of haemorrhoids include:

- Constipation
- Straining while trying to pass stools
- Ageing
- Heavy lifting

Most haemorrhoids can be treated conservatively and surgical treatment is only indicated for recurrent haemorrhoids, persistent bleeding and those who fail conservative treatment. The treatment varies by severity and grades. There are four grades from 1 to 4, Grade 1. being mild and Grade 4. severe. These stages of internal haemorrhoids are described below:

- Grade 1: Bleeding only, no prolapse
- Grade 2: Prolapse that reduces spontaneously, with or without bleeding
- Grade 3: Prolapse that requires manual reduction, with or without bleeding
- Grade 4: Irreducible prolapsed haemorrhoidal tissue.

2. Recommendation

The ICB will only fund treatment for Surgical Haemorrhoidectomy if indication A or B is met:

<u>Criteria A</u>

- Recurrent (Grade 3) and persistent symptomatic haemorrhoids that fails to respond to conservative treatment. Patients should be recommended to try the following options in Primary Care:
  - Dietary changes such as increased oral fluid intake, high fibre diet and fibre supplementation
  - Topical treatment.
  - Rubber band ligation (dependent on training and equipment availability within primary care - however would also be carried out by secondary care)

<u>Criteria B</u>

- Haemorrhoids that cannot be successfully reduced and where banding is not appropriate
- Recurrent Grade 4 combined internal/external haemorrhoids with persistent pain or bleeding

Alternative surgical treatment interventions where available within Secondary Care should also be considered for the treatment of severe haemorrhoids, which include:

- Haemorrhoid artery ligation operation
- Stapled Haemorrhoidoplasty
- Excisional haemorrhoidectomy

3. Rationale for Recommendation

Numerous interventions exist for the management of haemorrhoids. Most haemorrhoids (especially early-stage haemorrhoids) can be managed by simple lifestyle modifications. These include slowly adding fibre to meals, drinking more water, and using appropriate ointments for a limited time to stop itching. Stool softeners also will help.

In case of severe haemorrhoids there are other non-surgical treatments available including rubber band ligation, injection sclerotherapy, infrared coagulation/photocoagulation, bipolar diathermy and direct-current electrotherapy.

The evidence recommends that surgical treatment should only be considered for haemorrhoids that persist after treatment or for haemorrhoids that are significantly affecting daily life.

Haemorrhoid surgery can lead to complications. Pain and bleeding are common, and pain may persist for several weeks. Urinary retention can occasionally occur and may require catheter insertion. Infection, iatrogenic fissuring (tear or cut in the anus), stenosis and incontinence (lack of control over bowel motions) occur more infrequently.

4. Personalised Care

Personalised care simply means that people have more control and choice when it comes to the way their care is planned and delivered, considering their individual needs, preferences and circumstances. It includes supporting shared decision making and self-management.
Shared decision-making means people are supported to:

- *understand the care, treatment and support options available and the risks, benefits and consequences of those options*
- *decide on a preferred course of action, based on evidence based, good quality information and their personal preferences.*

Supported self-management means increasing the knowledge, skills and confidence a person has in managing their own health and care. This involves using self-management education, peer support, and health coaching.
Decision support tools, also called patient decision aids support shared decision making by making treatment, care and support options explicit. They provide evidence-based information about the associated benefits/harms and help patients to consider what matters most to them in relation to the possible outcomes, including doing nothing.

5. Useful Resources

- NHS Website: Haemorrhoids. Piles (haemorrhoids) - NHS
- NICE CKS: Haemorrhoids. Haemorrhoids | Health topics A to Z | CKS | NICE

6. References

- Academy of Medical Royal Colleges. Haemorrhoid Surgery. Haemorrhoid surgery - EBI
- The Royal College of Surgeons of England Year. Rectal Bleeding - Commissioning Guide. 2013. Rectal Bleeding Commissioning Guide (1).pdf

7. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	**Date**
Consultant General Surgeon – CRHFT	January 2025
Consultant General Surgeon – UHDBFT	January 2025
Colorectal and General Surgeon, CRHFT	January 2025
Clinical Director General Surgery and Urology, UHDBFT	January 2025
General Manager, Surgery & Urology, UHDBFT	January 2025
Divisional Director, CRHFT	January 2025
Head of Contracting, UHDBFT	January 2025
Academy of Medical Royal Colleges	January 2025
Clinical Policy Advisory Group (CPAG)	February 2025

Appendix 2 - Document Update

Document Update	**Date Updated**
Version 5.0 • Policy has been reviewed following publication of updated EBI Guidance Sept 2024. The following have been updated - Addition of section on Personalised Care - Useful resources and reference sections updated - Intervention list for surgical treatment options updated	March 2025