

CLINICAL POLICY ADVISORY GROUP (CPAG)

Surgical Haemorrhoidectomy Policy

This procedure requires prior approval. Prior approval must be sought through Blueteq.

Criteria

- Black – criteria required to be met prior to referral
- Blue – criteria to be met prior to procedure

Statement

Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed that **Surgical Haemorrhoidectomy** should not routinely be commissioned unless the criteria listed within this policy are met.

The CCG 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 treatment where available within Secondary Care should also be considered prior to surgery which include:

- Injection sclerotherapy
- Infrared coagulation/photocoagulation
- Direct current electrotherapy

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

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

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■ Blue – Criteria to be met prior to procedure

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Criteria A

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 - 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 treatment where available within Secondary Care should also be considered prior to surgery which include:

- Injection sclerotherapy
- Infrared coagulation/photocoagulation
- Direct current electrotherapy

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. Useful Resources

- NHS Website: Haemorrhoids. <https://www.nhs.uk/conditions/piles-haemorrhoids/>
- NICE CKS: Haemorrhoids. <https://cks.nice.org.uk/topics/haemorrhoids/>

5. References

- NHS Evidence Based Interventions Guidance for CCGs. <https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf>
- Academy of Medical Royal Colleges. Haemorrhoid Surgery. <https://www.aomrc.org.uk/ebi/clinicians/haemorrhoid-surgery/>
- The Royal College of Surgeons of England Year. Rectal Bleeding - Commissioning Guide. 2013. <https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/rectal-bleeding-guide/>

6. 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 Colorectal Surgeon, UHDBFT	November 2021
Consultant Colorectal Surgeon, CRHFT	November 2021
Clinical Policy Advisory Group (CPAG)	February 2022
Clinical and Lay Commissioning Committee (CLCC)	March 2022

Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 4.0</u> <ul style="list-style-type: none">Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, useful resources, references and consultation.	February 2022

Appendix 3 - PLCV Form

Derbyshire PLCV Referral Form
Surgical Haemorrhoidectomy

THIS FORM MUST BE COMPLETED IN FULL AND ATTACHED WITH THE APPROPRIATE CLINICAL INFORMATION TO THE E-REFERRAL SERVICE
“PLCV: - DERBYSHIRE PRIOR APPROVAL PROCESS: GI AND LIVER (MEDICAL AND SURGICAL)_RAS”
REFERRALS WITHOUT FORMS WILL BE REJECTED

Patient details	Referring GP details
Surname	Referring GP
Forename(s)	Practice name
Address	Practice address
Post code	Post code
Date of birth	Telephone number
NHS Number	GP practice code

Patient Consent	
	Mark or tick boxes below to confirm
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.	<input type="checkbox"/>
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.	<input type="checkbox"/>
Please confirm that you have given PLCV patient leaflet to the patient	<input type="checkbox"/>

Part A - PLCV Criteria	ALL must apply
The Commissioner will only fund treatment for Surgical Haemorrhoidectomy if Criteria A is met:	
<u>Criteria A</u> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional clinical information that may have a bearing on the application

Additional Patient Information	BOTH must apply
This patient is willing to undergo a surgical procedure should it be offered.	<input type="checkbox"/>
I have discussed with the patient the fact they will be referred for a possible procedure but there is no guarantee that a surgical intervention will be the required outcome following the consultation with the secondary care specialist.	<input type="checkbox"/>

Prior Approval No	
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Patient Choice of Provider	
First Choice:	[Manually enter provider name]
Second Choice:	[Manually enter provider name]

I confirm that the patient meets the current clinical guideline/policy for referral for the procedure.	
Name of referrer: _____	Date: _____

Part B – Reason for referral

Salutations:	Dear colleague,
Preamble/context:	Macro to insert last consultation
	Thank you, Dr. XXX (insert your name here)

Problems - This needs to be auto pulled from the GP system
Relevant SH & FH:

<p>Date to be included</p> <p>Smoking status</p> <p>Alcohol</p> <p>Occupation</p> <p>Ethnicity</p> <p>Veteran?</p> <p>Freetext:</p> <p>Detail which might assist timely discharge:</p>	<p>Single Code Entry: Tobacco consumption</p> <p>Single Code Entry: Alcohol consumption</p> <p>Single Code Entry: Occupations</p> <p>Single Code Entry: Ethnic category - 2001 census</p> <p>Single Code Entry: Military veteran</p>
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Medication – Date to be included. The GP’s need to have the option to EDIT this once it has been populated.

Allergies – Date to be included. The GP’s need to have the option to EDIT this once it has been populated.

Useful values:

BP	Pulse rate	Height	Weight	BMI	HbA1C
Single Code Entry: O/E - blood pressure reading	Single Code Entry: O/E - pulse rate	Single Code Entry: O/E - height	Single Code Entry: O/E - weight	Single Code Entry: Body mass index	Date
Date					

Please embed any attached items here.
Please note any individual patient requirements here (e.g. Wheelchair user).

Appendix 4 - BlueTeq Form

[Click here to access the guidelines/NICE algorithm](#)

[Click to view NHS Derby and Derbyshire CCG Policies](#)

Prior Approval Form - Prior Approval Form (PLCV) - Surgical Haemorrhoidectomy			
PATIENT CONSENT			
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.			Yes <input type="checkbox"/> No <input type="checkbox"/>
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please confirm that you have given PLCV patient leaflet to the patient			Yes <input type="checkbox"/> No <input type="checkbox"/>
APPLICANT DETAILS			
Clinician Making Request:		Trust:	
Clinician Full Name:	<input type="text"/>	Telephone:	<input type="text"/>
Contact Email (nhs.net):	<input type="text"/>		
PATIENT DETAILS			
Patient Name:		GP Practice Name:	
NHS Number:		GP Practice Code:	
Patient DOB:		Is the patient a smoker:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary Care Prior Approval Number:	<input type="text"/>		
PROCEDURE CRITERIA			
1. Does the patient have recurrent (Grade 3) and persistent symptomatic haemorrhoids that have failed to respond to the following conservative treatment? Oral fluid intake, high fibre diet and fibre supplementation Topical Treatment Rubber band ligation (Dependant on training and equipment availability within primary care)/(however would also be carried out by secondary care).			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. For haemorrhoids that cannot be successfully reduced and where banding is not appropriate Does the patient have recurrent grade 4 combined internal/external haemorrhoids with persistent pain or bleeding?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Alternative treatment where available within secondary care should also be considered prior to surgery which include- - Injection sclerotherapy - Infrared coagulation/photocoagulation - Direct current electrotherapy			
ADDITIONAL INFORMATION			
Please provide any additional clinical information that may have a bearing on the application in the text box below.			
SUBMISSION DECLARATION			
I confirm that the above information is complete and accurately describes the patient's condition.			
Submitting User		Date	