

Haemorrhoidectomy Policy

Policy author: SY&B CCGs

Policy start date: April 2018

Review date: April 2019

Policy Summary

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. 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 I to IV, I being mild and IV severe. These stages of internal haemorrhoids are described in more detail below:

Stage I: Bleeding only, no prolapse

Stage II: Prolapse that reduces spontaneously, with or without bleeding

Stage III: Prolapse that requires manual reduction, with or without bleeding

Stage IV: Irreducible prolapsed haemorrhoidal tissue.

Eligibility Criteria

- Haemorrhoidectomy is not routinely funded for Grades I and II.

The CCG will fund Haemorrhoidectomy when the following criteria are met.

- Recurrent third or fourth degree combined internal/external haemorrhoids **OR**
- Irreducible and large haemorrhoids with frequently reoccurring, persistent pain or bleeding **OR**
- Failed conservative treatment (including non-operative interventions: rubber band ligation, injection sclerotherapy, infrared coagulation/photocoagulation, bipolar diathermy and direct current electrotherapy.)

Rationale for the policy

Most external haemorrhoids can be managed by life style modification and conservative treatment. 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. Similar treatment can be used for most internal haemorrhoids.

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.



Surgery to remove haemorrhoids may be appropriate if other treatments don't work. This policy is based on the published evidence and policies of other NHS clinical commissioning groups. Please refer to the evidence brief for further information.

References.

1. SSAT Patient Care Guidelines, Surgical Management of Hemorrhoids. <http://www.ssat.com/cgi-bin/hemorr.cgi> (accessed 16/04/17)
2. [Haemorrhoids CKS]. 2016 [cited 23 May 2016]. Available from: <http://cks.nice.org.uk/haemorrhoids>
3. Reese, G.E., von Roon, A.C. and Tekkis, P.P. (2009) Haemorrhoids. Clinical Evidence BMJ Publishing Group. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2907769/pdf/2009-0415.pdf> (accessed 16/04/17)
4. Kaidar-Person, O., Person, B. and Wexner, S.D. (2007) Hemorrhoidal disease: a comprehensive review. Journal of the American College of Surgeons 204(1), 102-117.
5. Cataldo, P., Ellis, C.N., Gregorcyk, S. et al. (2005) Practice parameters for the treatment of hemorrhoids (revised). Diseases of the Colon & Rectum 48(2), 189-194.
6. Northwest London collaboration of clinical commissioning group. Haemorrhoidectomy. <http://www.hounslowccg.nhs.uk/media/40064/21-Haemorrhoidectomy-v33.pdf> (accessed 16/04/17)
7. Wakefield Clinical commissioning group. Clinical compact for haemorrhoids. <https://www.wakefieldccg.nhs.uk/wp-content/uploads/2015/06/Clinical-Compact-for-Haemorrhoids-procedures-v0.3-final.pdf> (accessed 16/04/17)
8. Herefordshire Clinical Commissioning Group Low Priority Treatment Policy 2015 <http://tinyurl.com/h7a28ov> (accessed 16/04/17)
9. Nottingham North East CCG <http://www.nottinghamnortheastccg.nhs.uk/wp-content/uploads/2014/04/10.-Policy-for-Procedures-of-Low-Clinical-Value-PLCV-Version-D-March-2011-NNE.pdf> (accessed 16/04/17)

