Surgical Threshold Policy

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Interventions for Haemorrhoids

Definition and Scope

Haemorrhoids (piles) occur when vascular tissue in the anal canal becomes enlarged[1]. These are termed internal, external, or mixed/combined haemorrhoids depending on whether they arise from above or below the dentate line in the anal canal, or both. They may prolapse out of the rectum and are often associated with bleeding, itching or discomfort.

This policy applies to diagnosis of haemorrhoids where no uncertainty or further complications are suspected. If there are suspicions of colonic malignancy, refer using the suspected cancer pathway referral. Refer to an appropriate specialist (using clinical judgement to determine the urgency) if another serious pathology, such as inflammatory bowel disease, perianal sepsis, or a sexually transmitted infection, is suspected.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma. *Click policies to access the CCG clinical policies web page:* ***policies*** *– select the Haemorrhoids policy drop down option to access the referral proforma.*

Primary Care

Patients with haemorrhoids should be managed in primary care, giving advice on increasing fluids and fibre intake and the avoidance of straining. Bulking agents, simple analgesics, and/or topical medications, such as corticosteroids and lignocaine, may be recommended.

Referral to secondary care may be made for patients who:

- have tried lifestyle alterations and conservative methods for longer than 6 months; **AND**
- experience daily discomfort.

Secondary Care

- Non-surgical interventions, eg rubber band ligation or injection sclerotherapy will be funded on an outpatient basis.
- Surgical treatments[2] will be funded in cases where patients have not responded to non-surgical outpatient interventions **AND**:
  - haemorrhoids are prolapsed and non-reducible'; **OR**
  - haemorrhoids are associated with persistent bleeding.
- The removal of anal skin tags **will not** be funded.

Smoking: Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see stop smoking policy.

Evidence and Rationale

In people with symptomatic internal haemorrhoids, randomised controlled trials have shown that conventional management with added dietary fibre improves rates of symptom relief and reduces rates of bleeding compared with usual diet[3]. Bulk laxatives have been shown to be as effective as minor interventions (rubber band ligation/injection sclerotherapy) in randomised trials at six months[4-6] and patients should, therefore, be encouraged to engage with lifestyle changes before more invasive intervention.

Where conservative management fails, minor interventions, such as rubber band ligation or injection sclerotherapy may be effective. These have been shown to have reasonable effectiveness compared with surgical treatments. Although rates of recurrence are slightly higher, minor interventions are associated with less post-procedural pain, lower risk of complications and lower cost[7-9].

NICE CKS recommends: "consider the need for urgent admission or referral for patients who present with extremely painful, acutely thrombosed external haemorrhoids who present within 72 hours of onset; internal haemorrhoids that have prolapsed and become swollen, incarcerated, and thrombosed; and perianal sepsis[10].

Numbers of People Affected

It has been estimated that up to 25% of the UK population is affected by haemorrhoids[11]. Over 20,000 haemorrhoidal procedures are carried out in the UK each year[12].

References

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Glossary

Anal canal:	The end part of the large intestine.
Injection sclerotherapy:	The injection of a chemical solution that causes scar formation, causing the haemorrhoid to shrink.
Haemorrhoid prolapse:	Haemorrhoid protrudes outside of the anus.
Rubber band ligation:	A band is tied at the base of the haemorrhoid so that the blood supply is cut off and the tissue dies.

Policy effective from:	In line with CEC terms of reference GB to acknowledge 5 March 2019 Reviewed policy approved by CEC on 29 January 2019 Reviewed policy approved by CPF on 8 January 2019 February 2019
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Reference:	*onedrive\CPF Pols & Working Area\Surg Threshold Pols\CCG Policies\Haemorrhoids\Agreed\ HAEMORRHOIDS THRESHOLD POLICY FEB 2019 V2*