



Clinical Thresholds

Condition or Treatment	Haemorrhoidectomy
Commissioning Threshold	<p>Referral to secondary care should only be made if there are any of the following circumstances:</p> <ul style="list-style-type: none"> • First or second degree haemorrhoids that have failed to respond to conservative management • First or second degree haemorrhoids with severe symptoms • Third or fourth degree haemorrhoids • Symptoms suggestive of systemic disease, e.g. Inflammatory bowel disease.
Referral Guidance	<p>If the request meets the identified criteria the referral form needs to be completed and submitted via RSS.</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; margin: 0;">Referral Form</p> </div>
Effective from	April 2013
Summary of evidence / rationale	<ul style="list-style-type: none"> • In patients over 40 years old with suspected haemorrhoidal bleeding, specialist opinion is indicated to rule out colorectal cancer • Dietary management consisting of adequate fluid and fibre intake, to avoid straining, is the primary non-invasive treatment • Lifestyle modification may include better anal hygiene, sitz baths, ice packs. • Non-operative treatment is ineffective for haemorrhoids with a significant prolapse (Grades III and IV). Rubber band ligation is associated with the lowest recurrence rate of the non-operative treatments • Infrared coagulation is only effective for Grades I and II haemorrhoids. Haemorrhoidectomy should only be used for patients with large external haemorrhoids, or patients with combined internal and external haemorrhoids with significant prolapse (Grades III and IV) • Stapled haemorrhoidopexy is less painful and debilitating than conventional haemorrhoidectomy (NICE TA128) • Current evidence on haemorrhoidal artery ligation shows that this procedure is an efficacious alternative to conventional haemorrhoidectomy or stapled haemorrhoidopexy in the short and medium term, and that there are no major safety concerns. (NICE IPG342)
Date	October 2014
Review Date	October 2016
Contact for this policy	<p>Dr Bruce Willoughby GP / Governing Member Brucewilloughby@nhs.net</p>

References:

1. Acheson, A and Scholfield, J H. Clinical Review: Management of haemorrhoids. BMJ 2008;336:380-3 2008 <http://www.bmj.com/content/336/7640/380.full.pdf>
2. NICE (Dec 2003) Circular stapled haemorrhoidectomy <http://guidance.nice.org.uk/IPG34>
3. NICE (Sept 2007) Stapled haemorrhoidopexy for the treatment of haemorrhoids. <http://guidance.nice.org.uk/TA128>
4. Practice parameters for the management of haemorrhoids (revised) – Cataldo P, Ellis CN, et al; Diseases of the Colon and Rectum, February 2005 http://www.fascrs.org/files/hemorrhoids_0605.pdf
5. NICE (May 2010) Haemorrhoidal Artery Ligation <http://guidance.nice.org.uk/IPG342>