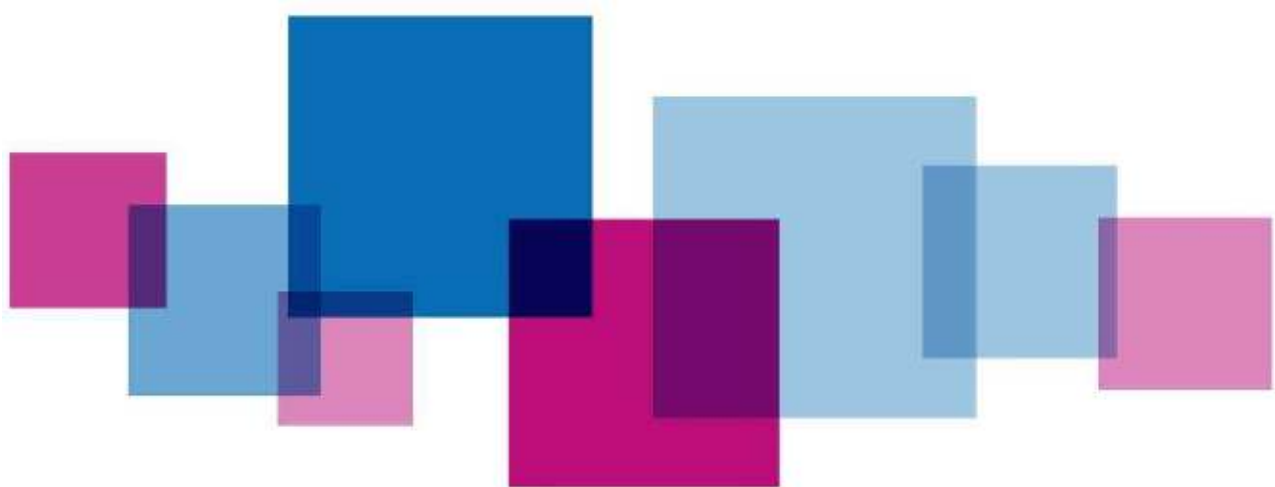


Commissioning Policy

Surgical Treatment of Haemorrhoids

Criteria Based Access



Date Adopted: 16th September 2016
Version: 1819.2.00

Document Control

Title of document:	Haemorrhoids Policy
Authors job title(s):	IFR Manager
Document version:	1819.2.00
Supersedes:	1617.1.01
Clinical Approval – received from:	June 2015
Clinical Approval – date received:	CPRG
Discussion and Approval by Clinical Policy Review Group (CPRG):	24 th June 2015
Discussion and Approval by CCG Commissioning Executive:	15 th September 2015
Date of Adoption:	16 th September 2016
Publication/issue date:	February 2019
Review due date:	Earliest of either NICE publication or three years from approval.
Equality Impact Assessment Screening (date completed):	In Development

Version Control

Version	Date	Reviewer	Comment
1617.1.01	26/03/2018	IFR Coordinator	Rebranded to BNSSG CCG
1819.2.00	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14 th February 2019 by Commissioning Executive.

**THIS IS A CRITERIA BASED ACCESS POLICY
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW**

THIS POLICY RELATES TO ALL PATIENTS

Surgical Treatment of Haemorrhoids Policy

General Principles

Treatment should only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB Exceptional Funding Request Panel.

1. Clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment. Referring patients to secondary care that do not meet these criteria not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
2. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment and the EFR team should be approached for advice.
3. On limited occasions, the ICB may approve funding for a further assessment in secondary care only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
4. Where funding approval is given by the Exceptional Funding Request Panel, it will be available for a specified period of time, normally one year.
5. Patients with an elevated BMI of 30 or more may experience more post surgical complications including post surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193> (Thelwall, 2015)
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing (ASH, 2016)

7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.
8. The policy does not include patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate. Where it is subsequently confirmed that a suspect lesion is benign, funding approval will be required before further treatment or surgery is offered and provided to patients.

Background / Purpose and Scope

Haemorrhoids, also known as piles, are swellings that contain enlarged blood vessels that are found inside or around the bottom (the rectum and anus). Most haemorrhoids are mild and sometimes don't even cause symptoms. When there are symptoms, these usually include:

- bleeding after passing a stool (the blood will be bright red),
- itchy bottom,
- a lump hanging down outside of the anus, which may need to be pushed back in after passing a stool,
- Pain

Conservative Management in Primary Care

Patients with symptoms of Haemorrhoids should be conservatively managed initially as it is reasonable to use a period of 'treat, watch and wait'.

Reassurance and Advice

Patients should be advised that making lifestyle changes to reduce the strain on the blood vessels in and around the anus is recommended. These can include:

- gradually increasing the amount of fibre in their diet – good sources of fibre include fruit, vegetables, wholegrain rice, wholewheat pasta and bread, seeds, nuts and oats
- drinking plenty of fluid - particularly water, but avoiding or cutting down on caffeine and alcohol
- not delaying going to the toilet – ignoring the urge to empty bowels can make stools harder and drier, which can lead to straining when the patient does go to the toilet
- avoiding medication that causes constipation – such as painkillers that contain codeine
- losing weight if they are overweight
- exercising regularly – this can help prevent constipation, reduce blood pressure and help lose weight

Topical Creams and Suppositories



Medication that the patient applies directly to their anus (topical treatments) or tablets bought from a pharmacy or prescribed by their GP will help ease symptoms and make it easier for the patient to pass stools. These measures can also reduce the risk of haemorrhoids returning, or even developing in the first place.

All patients should be directed to appropriate supporting information on self-managing their condition such as NHS Choices.

POLICY CRITERIA – COMMISSIONED

CRITERIA BASED ACCESS

Surgical treatment will only be provided by the NHS for patients meeting criteria set out below.

1. Conservative management and treatment has failed
- AND**
2. a) The patient's Haemorrhoids are recurrent
- OR**
2. b) There is persistent bleeding
- OR**
2. c) Haemorrhoids cannot be reduced i.e. fourth degree larger lumps that hang down from the anus and cannot be pushed back inside

Treatment Options

Patients who qualify for treatment may be offered the following treatments:

- Rubber band ligation causes less pain and fewer complications than excision haemorrhoidectomy and is the treatment of choice for symptomatic grade II haemorrhoids
- Excisional haemorrhoidectomy is more effective than rubber band ligation in the long term and is the treatment of choice for recurrent grade II and grade III/IV haemorrhoids
- Stapled haemorrhoidopexy is less painful than excisional haemorrhoidectomy, has a lower rate of early complications and allows a quicker return to work but is associated with a higher long-term risk of haemorrhoid recurrence and the need for further surgery
- Ligasure is less painful than excision haemorrhoidectomy, has a similar rate of complications and allows a quicker return to work. Evaluation of the long-term risk of recurrence is ongoing
- Haemorrhoidal artery ligation is an effective alternative to excisional haemorrhoidectomy or stapled haemorrhoidopexy in the short and medium term. Long term results are currently being monitored

Treatment Exclusions

Botulinum Toxin is not commissioned in the treatment of Haemorrhoids or Anal Fissures.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net .

Connected Policies

N/A

This policy has been developed with the aid of the following references:

Ash. (2016). *Ash.org.uk*. Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings
NHS Choices. (2014, April 8th). *Piles (haemorrhoids)* . Retrieved June 2015, from NHS Choices:

<http://www.nhs.uk/conditions/haemorrhoids/pages/what-is-it-page.aspx>

Royal College of Surgeons. (n.d.). *Commissioning Guide For Rectal Bleeding: Draft (Not Approved)*.

Retrieved June 2015, from Royal College of Surgeons:

<http://www.rcseng.ac.uk/surgeons/surgical-standards/docs/rectal-bleeding-draft-commissioning-guidance/view>

Thelwall, S. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, vol. 21, no. 11, p. 1008.e1.

OPCS Procedure codes – For completion at a later date
