NHS
Bedfordshire
Clinical Commissioning Group

Procedure that requires Prior Approval

NHS England Evidence based Interventions (EBI) statement

Number	58
Subject	NHSE EBI Management of Haemorrhoids
Date refreshed	May 2015
Date review due	May 2018
Date refreshed	December 2019: EBI[1] statement added

GUIDANCE

Intervention

This procedure involves surgery for haemorrhoids

Recommendation

Often haemorrhoids (especially early stage haemorrhoids) can be treated by simple measures such as eating more fibre or drinking more water. If these treatments are unsuccessful many patients will respond to outpatient treatment in the form of banding or perhaps injection.

Surgical treatment should only be considered for those that do not respond to these non-operative measures or if the haemorrhoids are more severe, specifically:

- Recurrent grade 3 or grade 4 combined internal/external haemorrhoids with persistent pain or bleeding; or
- Irreducible and large external haemorrhoids

In cases where there is significant rectal bleeding the patient should be examined internally by a specialist.

Rationale

Surgery should be performed, according to patient choice and only in cases of persistent grade 1 (rare) or 2 haemorrhoids that have not improved with dietary changes, banding or perhaps in certain cases injection, and recurrent grade 3 and 4 haemorrhoids and those with a symptomatic external component. 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.

[1] https://www.england.nhs.uk/evidence-based-interventions/ebi-programme-guidance/

Codes

OPCS codes:

H51% Excision of haemorrhoid

H52% Destruction of haemorrhoid

References

1. Watson AJM, Bruhn H, MacLeod K, et al. A pragmatic, multicentre, randomised controlled trial comparing stapled haemorrhoidopexy to traditional excisional surgery for haemorrhoidal disease (eTHoS): study protocol for a randomised controlled trial. Trials. 2014;15:439. doi:10.1186/1745-6215-15-439.

2. Watson AJM, Hudson J, Wood J, et al. Comparison of stapled haemorrhoidopexy with traditional excisional surgery for haemorrhoidal disease (eTHoS): a pragmatic, multicentre, randomised controlled trial. Lancet (London, England). 2016;388(10058):2375-2385. doi:10.1016/S0140-6736(16)31803-7.

3. Brown SR. Haemorrhoids: an update on management. Therapeutic Advances in Chronic Disease. 2017;8(10):141-147. doi:10.1177/2040622317713957.

4. NHS website: https://www.nhs.uk/conditions/piles-haemorrhoids/

5. Royal College of Surgeons: https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/rcsacpgbirectalbleeding2017documentfinal_jan18

6. Health Technol Assess. 2016 Nov;20(88):1-150. The HubBLe Trial: haemorrhoidal artery ligation (HAL) versus rubber band ligation (RBL) for symptomatic second- and third-degree haemorrhoids: a multicentre randomised controlled trial and health-economic evaluation. Brown S et al.