NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Policy title	**Haemorrhoid surgery v1.1**
Policy position	**Criteria Based Access**
Date of CCG recommendation	**December 2019**

There are numerous interventions for the management of haemorrhoids (piles). The evidence recommends that surgical treatment should only be considered for haemorrhoids that keep coming back after treatment or for haemorrhoids that are significantly affecting daily life. Changes to the diet such as eating more fibre and drinking more water can often help with haemorrhoids. If these treatments are unsuccessful many patients will respond to outpatient treatment in the form of banding or injection.

Surgical treatment should only be considered for patients whose haemorrhoids 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.

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.

Reference:

NHS England (2018) Evidence-Based Interventions: Guidance for CCGs

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

OPCS codes:
H511, H512, H513, H518, H519

Key words: Haemorrhoid, haemorrhoidectomy