

Surgical Treatment of Haemorrhoids (all patients) Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk/) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Section A – Criteria to Access Treatment

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

- Conservative management and treatment has failed
- AND
- a) Persistent Grade 1 or grade 2 haemorrhoids that have not improved with dietary changes, banding or injection.
- OR
- b) Recurrent grade 3 or grade 4 combined internal/external haemorrhoids with persistent pain or bleeding. *(in cases where there is significant rectal bleeding the patient should be examined internally by a specialist)*
- OR
- c) Irreducible and large external haemorrhoids.

Section A – cont'd

Surgical treatments included within this policy:

- Haemorrhoidectomy
- Partial internal sphincterotomy for haemorrhoid
- Stapled haemorrhoidectomy
- Banding of haemorrhoids
- HALO/THD for Haemorrhoids
- Botulinum Toxin is commissioned in the treatment of Anal Fissures.

NOTE:

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Section B - Exclusions

Treatment Exclusions

- Cryotherapy
- Infrared photocoagulation of haemorrhoid
- Evacuation of perianal haematoma
- Forced manual dilation of anus for haemorrhoids
- Manual reduction of prolapsed haemorrhoid
- Radio (RAFAELO) (kit required) pending possible business case.

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- Benefits
- Risks
- Alternatives
- Do Nothing

Benefits

Reduction of pain and bleeding.

Risks

Operative complications i.e., bleeding and infection. Long term complications of scarring.

Alternatives

Continue to treat conditions conservatively, if appropriate.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

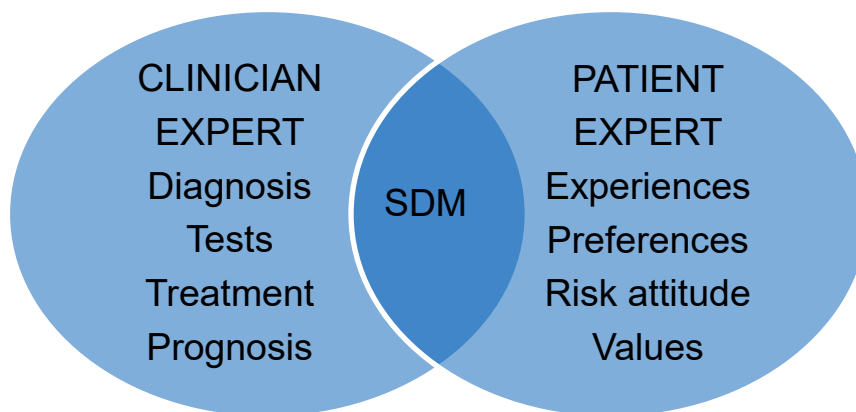
Haemorrhoids– Plain Language Summary

Haemorrhoids (piles) are lumps inside and around the anus. They often get better on their own after a few days with conservative treatment.

Shared Decision Making

If a person fulfils the criteria for surgical treatment for haemorrhoids it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use ‘Ask 3 Questions’:

- What are my options? (see sections above)
- What are the pros and cons of each option for *me*?
- How can I make sure that I have made the right decision?

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

- National Health Service (2019) Health A to Z: Piles (haemorrhoids).
www.nhs.uk/conditions

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.

OPCS Procedure codes

Must have any of (primary only):

H511,H512,H513,H518,H519,H521,H522,H523,H524,H528,H529,H531,H532,H533,H538,
H539

Support

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.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board