The referral and specialist management of haemorrhoids in adults

NHS Devon

Commissioning policy

Referral for non-urgent assessment and treatment

Referral for specialist assessment and treatment of haemorrhoids is not routinely commissioned in Devon. Referral will only be funded for:

1. All fourth-degree haemorrhoids (haemorrhoids that are prolapsed and incarcerated, and cannot be reduced)

OR

2. Haemorrhoids of any degree when **both** the following criteria are met
   a) The haemorrhoids are recurrent or persistent and associated with persistent bleeding and/or pain (significant discomfort)

   AND

   b) There is failure of documented conservative management techniques* after at least three months.

* Conservative management techniques include:

- Dietary and lifestyle advice (increase fluid and insoluble fibre intake, discourage straining)
- Bulk forming laxative (or osmotic laxative or stool softener)
- Non-opioid analgesia and/or topical haemorrhoid preparations for symptomatic relief.

Non-surgical treatment

Non-surgical measures (rubber band ligation, injection sclerotherapy or infra-red coagulation) will only be commissioned in the following circumstances:

Recurrent or persistent haemorrhoids

AND

Persistent bleeding and/or pain (significant discomfort)

AND

Failure of documented conservative management techniques after at least three months.

Surgical treatment

Surgical treatment (haemorrhoidectomy, stapled haemorrhoidopexy or haemorrhoidal artery ligation) will only be commissioned in the following circumstances:

Fourth-degree haemorrhoids

OR

Third-degree haemorrhoids associated with persistent bleeding and/or pain (significant discomfort) that have not responded to non-surgical treatment in line with the above policy statement, or which are too large for non-surgical measures

OR

Second-degree haemorrhoids associated with persistent bleeding and/or pain (significant discomfort) that have not responded to non-surgical treatment in line with the above policy statement.

The removal of anal skin tags is not routinely commissioned in Devon.

Rationale for the decision

Haemorrhoids (piles) develop from normal structures called anal cushions which are present within the anal canal to assist with bowel control. When these cushions enlarge or become displaced they are described as haemorrhoids. They often produce only mild symptoms or are asymptomatic. When symptoms are present, they include bleeding after passing a stool, itching around the anus and prolapse of the haemorrhoid which may need to be pushed back in after defecation. True haemorrhoids originate above the dentate line within the anus and are quite distinct from other more external anal swellings such as skin tags, fibro-epithelial polyps and 'perianal haematomas'. Haemorrhoids are graded as follows:

- First-degree – Project into the lumen of the anal canal but do not prolapse
- Second-degree – Prolapse on straining, then reduce spontaneously
- Third-degree – Prolapse on straining and require manual reduction
- Fourth-degree – Prolapsed and incarcerated, and cannot be reduced.

National Institute for Health and Care Excellence (NICE) Clinical Knowledge Summaries states that the prognosis is usually excellent and many symptomatic episodes settle with conservative measures. This is in line with guidance on rectal bleeding issued by the Royal College of Surgeons (RCS), which advocates patients with symptomatic haemorrhoids should be given advice about topical treatment, oral fluid intake, high fibre diet and fibre supplementation.

RCS guidance also suggests that routine referral should be considered for patients with persistent or highly symptomatic haemorrhoids.

Secondary care treatment of bleeding haemorrhoids depends on the degree of prolapse and severity of symptoms. RCS guidance states rubber band ligation is currently the best available outpatient treatment for haemorrhoids with up to 80% of patients satisfied with short term outcomes; about 20% of patients require a second banding procedure within six months for symptom control. Other options include injection sclerotherapy with oily phenol or infra-red coagulation therapy, but neither is as effective as rubber band ligation.

RCS recommend that surgery is reserved for bleeding or prolapsing haemorrhoids that have not responded to outpatient treatment.

This policy has been reached after considering guidance for surgical treatment of haemorrhoids published by NHS England in November 2018. It is considered that extending surgical intervention to first-degree haemorrhoids is not a priority for the use of healthcare funds in Devon.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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