

Haemorrhoid Surgery

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Category: Restricted

Haemorrhoids, also known as piles, are swellings containing enlarged blood vessels found inside or around the bottom (the rectum and anus). In many cases, haemorrhoids don't cause symptoms and some people don't even realise they have them. However, when symptoms do occur, they may include:

- bleeding after passing a stool – the blood is usually bright red
- itchy bottom
- a lump hanging down outside of the anus, which may need to be pushed back in after passing a stool
- a mucus discharge after passing a stool
- soreness, redness and swelling around your anus

Haemorrhoids aren't usually painful, unless their blood supply slows down or is interrupted.

MKCCG has designated the treatment of Haemorrhoids (sclerotherapy, banding & haemorrhoidectomy) requires funding approval. Treatments which are undertaken without approval will not be funded.

A referral should only take place if the criteria set out below are fulfilled.

First or second degree haemorrhoids can usually be treated in primary care with conservative measures. If they fail to respond to treatment then Prior Approval MUST be attained.

Conservative treatment:

1. Provide lifestyle advice to minimize constipation and straining and advise to increase daily fibre and fluid intake
2. Discourage straining during defecation which can exacerbate symptoms of haemorrhoids
3. Advise on peri-anal hygiene
4. Prescribe a laxative if constipated
5. Prescribe analgesics for pain relief (avoid opioids i.e. Codeine)
6. Consider topical preparations for symptomatic relief.

Referral Criteria ONE of the following (1-4):

1. People with fourth degree haemorrhoids or third degree haemorrhoids that are either too large for non-operative measures or have not responded to them.
2. People with thrombosed haemorrhoids when bleeding problematic or there is chronic irritation or leakage.
3. Haemorrhoids with the presence of anaemia.
4. Haemorrhoids with the presence of a permanent mucosal collapse.
5. The patient must be willing to undergo surgery after full consideration of the balance of benefits and risks applicable to them. (link to risks).
6. The patient must be fit for surgery at the time of referral. (link to anaesthetic protocol).
7. You must consider that the patient's case satisfies all the criteria in the above policy relating to managing haemorrhoids.

For patients under the age of 60:

1. The patient must have intermittent bright red rectal bleeding suggestive of haemorrhoidal disease with no other

	<p>symptoms for at least 6 weeks.</p> <p>If the above criteria are met then a referral can be made using this form along with the appropriate referral proforma.</p>
Evidence	<p>IPG 132 - https://www.nice.org.uk/guidance/ipg342 - Haemorrhoidal artery ligation - Published May 2010</p> <p>TAG 128 - https://www.nice.org.uk/guidance/ta128 - Stapled haemorrhoidopexy for the treatment of haemorrhoids – Published September 2007</p> <p>BMJ 2008 Clinical Review - http://www.bmj.com/content/336/7640/380 - Management of Haemorrhoids. Austin G Acheson, John H Scholefield, BMJ 2008; 336:380.</p> <p>NICE Clinical Knowledge Summary - https://cks.nice.org.uk/haemorrhoids - Management of Haemorrhoids – revised July 2016</p> <p>Royal College of Surgeons - Rectal Bleeding - Commissioning Guide - Published October 2013</p>