

Placename CCG

Policies for the Commissioning of Healthcare

Policy for Haemorrhoid Surgery

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| | Introduction |
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| | This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite. |
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| 1 | Policy |
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| 1.1 | The CCG will commission haemorrhoid surgery in the circumstances: |
| 1.1.1 | <ul style="list-style-type: none">• Persistent grade 1 (rare) or grade 2 haemorrhoids that have not responded to non-operative measures including dietary changes, banding or in certain cases injection; OR |
| 1.1.2 | <ul style="list-style-type: none">• Recurrent grade 3 or grade 4 combined internal/external haemorrhoids causing persistent pain or bleeding; OR |
| 1.1.3 | <ul style="list-style-type: none">• Large, irreducible external haemorrhoids. |
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| 1.2 | In cases where there is significant rectal bleeding the patient should be examined internally by a specialist. |
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| 2 | Scope and definitions |
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| 2.1 | This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted). |
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| 2.2 | Haemorrhoid surgery, including haemorrhoidectomy, stapled haemorrhoidopexy and haemorrhoidal artery ligation are surgical procedures to remove haemorrhoids. ^{1, 2, 3} |
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| 2.3 | The scope of this policy includes requests for haemorrhoid surgery for patients who have: <ul style="list-style-type: none">• failed to respond to non-operative measures;• severe haemorrhoids;• recurrent haemorrhoids;• haemorrhoids with a symptomatic external component. |
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| | The scope of this policy does not include non-surgical options for the management of haemorrhoids, such as dietary measures, rubber band ligation or sclerotherapy. |
| 2.5 | <p>The CCG recognises that a patient may have certain features, such as</p> <ul style="list-style-type: none"> • having haemorrhoids; • wishing to have a service provided for their haemorrhoids; • being advised that they are clinically suitable for haemorrhoid surgery; and • be distressed by their haemorrhoids, and by the fact that that they may not meet the criteria specified in this commissioning policy. <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p> |
| 2.6 | <p>For the purpose of this policy the CCG defines haemorrhoids as swellings in the rectum and/or anus containing enlarged blood vessels.</p> <p>Sever haemorrhoids are defined as:</p> <ul style="list-style-type: none"> • recurrent grade 3 or grade 4 combined internal/external haemorrhoids with persistent pain or bleeding; or • irreducible and large external haemorrhoids |
| 3 | Appropriate Healthcare |
| 3.1 | The purpose of haemorrhoid surgery is normally to prevent complications of haemorrhoids and alleviate its negative impact on daily life. |
| 3.2 | The CCG regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore this policy does not rely on the principle of appropriateness. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding. |
| 4 | Effective Healthcare |
| 4.1 | This policy relies on the criterion of effectiveness in that the CCG considers that the potential risks associated with the surgical management of asymptomatic or minimally symptomatic haemorrhoids outweigh the potential benefits. |
| 5 | Cost Effectiveness |
| 5.1 | The CCG does not call into question the cost-effectiveness of haemorrhoid surgery and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding. |

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| 6 | Ethics |
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| 6.1 | The CCG does not call into question the ethics of haemorrhoid surgery and therefore this policy does not rely on the Principle of Ethics. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding. |
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| 7 | Affordability |
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| 7.1 | The CCG does not call into question the affordability of haemorrhoid surgery and therefore this policy does not rely on the Principle of Affordability. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding. |
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| 8 | Exceptions |
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| 8.1 | The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies. |
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| 8.2 | In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this CCG. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality. |
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| 9 | Force |
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| 9.1 | This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition. |
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| 9.2 | <p>In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:</p> <ul style="list-style-type: none"> • If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory. • If the new NICE guidance does not have mandatory status, then the CCG will aspire to review and update this policy accordingly. However, until the CCG adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this CCG are concerned. |
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Date of adoption
Date for review

10. References

- ¹ Watson AJM, 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. (Cited by the 2018 NHS England Evidence-based Interventions Guidance).
- ² Watson AJM, 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. (Cited by the 2018 NHS England Evidence-based Interventions Guidance).
- ³ Brown SR. Haemorrhoids: an update on management. *Therapeutic Advances in Chronic Disease*. 2017;8(10):141-147. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5624348/>