Lancashire and South Cumbria Integrated Care Board

# Policy for Haemorrhoid Surgery

| | |
|---|---|
| Ref: | LSCICB_Clin25 |
| Version: | 1.1 |
| Purpose | This document is part of a suite of policies that the Integrated Care Board (ICB) 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. |
| Supersedes: | 1 |
| Author (inc Job Title): | |
| Ratified by:<br>(Name of responsible Committee) | LSCICB Board (adopted 1 July 2022) |
| Cross reference to other Policies/Guidance | |
| Date Ratified: | 1 July 2022 (adopted) |
| Date Published and where (Intranet or Website): | July 2022<br>(Website) |
| Review date: | 7 March 2022 (under review) |
| Target audience: | All LSCICB Staff |

This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

| **Document control:** | | |
|---|---|---|
| **Date:** | **Version Number:** | **Section and Description of Change** |
| March 2019 | V1 | Policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCCCGs) |
| July 2022 | V1.1 | Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant |
| | | |
| | | |

## 1. Policy

1.1 The ICB will commission haemorrhoid surgery in the following circumstances:

1.1.1 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 Recurrent grade 3 or grade 4 combined internal/external haemorrhoids causing persistent pain or bleeding

**OR**

1.1.3 Large, irreducible external haemorrhoids.

1.2 In cases where there is significant rectal bleeding the patient should be examined internally by a specialist.

## 2. Scope and definitions

2.1 This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).

2.2 Haemorrhoid surgery, including haemorrhoidectomy, stapled haemorrhoidopexy and haemorrhoidal artery ligation are surgical procedures to remove haemorrhoids.

2.3 The scope of this policy includes requests for haemorrhoid surgery for patients (both adults and children) who have:

- failed to respond to non-operative measures
- severe haemorrhoids
- recurrent haemorrhoids
- haemorrhoids with a symptomatic external component

2.4 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 The ICB recognises that a patient may have certain features, such as

- having haemorrhoids
- wishing to have a service provided for their haemorrhoids
- being advised that they are clinically suitable for haemorrhoid surgery; and
- being distressed by their haemorrhoids, and by the fact that they may not meet the criteria specified in this commissioning policy.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

2.6 For the purpose of this policy the ICB defines haemorrhoids as swellings in the rectum and/or anus containing enlarged blood vessels.

2.7 Severe haemorrhoids are defined as:

- 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 their negative impact on daily life.

3.2 The ICB 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 ICB 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 ICB 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 ICB 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 ICB may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.

## 6. Ethics

6.1 The ICB 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 ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

## 7. Affordability

7.1 The ICB 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 ICB may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.

## 8. Exceptions

8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.

8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

## 9. Force

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.

9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:

- 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 ICB will aspire to review and update this policy accordingly. However, until the ICB 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 ICB are concerned.

## 10. References

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

## 11. Associated OPCS/ICD codes

| OPCS codes |
| --- |
| 'H511','H512','H513','H518','H519' |

## Appendix 1: Definitions and classifications

### Classification of haemorrhoids[1]

*External haemorrhoids:* Haemorrhoids that are located in the distal anal canal, below the dentate line, and covered by sensitive lining (epithelium) of the anus or skin.

*Internal haemorrhoids:* Haemorrhoids that originate above to the dentate line and covered by insensitive transitional epithelium. Table 1 shows the classification of internal haemorrhoids. This grading of internal haemorrhoids is only a reflection of the degree of prolapse but not a measure of either the disease severity or of the size of hemorrhoidal prolapse.

*Table 1: Classification of internal haemorrhoids*

| Grade | Description |
|---|---|
| **Grade 1** | Haemorrhoid protrusion is limited to within the anal canal |
| **Grade 2** | Haemorrhoid protrudes beyond the anal canal but spontaneously reduces on cessation of straining |
| **Grade 3** | Haemorrhoid protrudes outside the anal canal and reduces fully on manual pressure |
| **Grade 4** | Haemorrhoid protrudes outside the anal canal and is irreducible |

*Mixed haemorrhoids:* These are located both above and below the dentate line.[2][3]

**Persistent haemorrhoid:**
These are haemorrhoid whose symptoms failed to resolve spontaneously or improve with dietary changes, banding or perhaps in certain cases injection. [1]

**Recurrent haemorrhoid:**
These are haemorrhoids that have redeveloped following successful treatment.

[1] BMJ Best Practice (2016). Hemorrhoids. https://qmro.qmul.ac.uk/xmlui/bitstream/handle/123456789/15133/2016_0128_BMJ-bp_Haemorrhoids.pdf?sequence=1
[2] Bleday R, Breen E. Hemorrhoids: Clinical manifestations and diagnosis. UpToDate. 2019 https://www.uptodate.com/contents/hemorrhoids-clinical-manifestations-and-diagnosis