

Policy Statement:	Haemorrhoid surgery
Status:	Individual prior approval

Often haemorrhoids (piles) can be treated by simple measures such as eating more fibre or drinking more water. If these treatments are unsuccessful many patients will respond to outpatient treatment in the form of banding or injection.

Criteria

Haemorrhoids are graded 1 – 4 based on severity. Surgical treatment should only be considered for patients that do not respond to the above non-operative measures or if the haemorrhoids are more severe, specifically -

- Recurrent grade 3 or grade 4 combined internal/external haemorrhoids with persistent pain or bleeding; or
- Irreducible and large external haemorrhoids

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

Rationale

Surgery should be performed, according to patient choice and only in cases of persistent grade 1 (rare) or 2 haemorrhoids that have not improved with dietary changes, banding or perhaps in certain cases injection, and recurrent grade 3 and 4 haemorrhoids and those with a symptomatic external component.

Haemorrhoid surgery can lead to complications. Pain and bleeding are common but usually resolve spontaneously. Urinary retention can occasionally occur and may require catheter insertion. Infection, iatrogenic fissuring (tear or cut in the anus), stenosis and incontinence (lack of control over bowel motions) occur more infrequently.

References

1. Watson AJM, Bruhn H, MacLeod K, 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. doi:10.1186/1745-6215-15-439.
2. Watson AJM, Hudson J, Wood J, 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. doi:10.1016/S0140-6736(16)31803-7.
3. Brown SR. Haemorrhoids: an update on management. *Therapeutic Advances in Chronic Disease*. 2017;8(10):141-147. doi:10.1177/2040622317713957.
4. <https://www.nhs.uk/conditions/piles-haemorrhoids>

5. https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/rcsacpbgirectalbleeding2017documentfinal_jan18.pdf
6. Health Technol Assess. 2016 Nov;20(88):1-150. The HubBLLe Trial: haemorrhoidal artery ligation (HAL) versus rubber band ligation (RBL) for symptomatic second- and third-degree haemorrhoids: a multicentre randomised controlled trial and health-economic evaluation. Brown S et al.

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