

Document control: Policy for Haemorrhoid Surgery

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NHS West Lancashire Clinical Commissioning Group

Policies for the Commissioning of Healthcare

Policy for Haemorrhoid Surgery

	Introduction
	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.
1	Policy
1.1	The CCG will commission haemorrhoid surgery in the following 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.
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 CCGs 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 ¹
2.3	<p>The scope of this policy includes requests for haemorrhoid surgery for patients (both adults and children) who have:</p> <ul style="list-style-type: none"> • 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	<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 • being distressed by their haemorrhoids, and by the fact 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>Severe 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 their 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.
6	Ethics
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.
7	Affordability
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.
8	Exceptions
8.1	The CCG 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 CCG. 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	<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.
10	References
	1. NHS England (2018). Evidence-Based Interventions: Guidance for CCGs

Date of adoption: 7th March 2019

Date for review: 7th March 2022

11: Appendix: Definitions and classifications

Classification of haemorrhoids*

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.^{†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.

Appendix 1: Associated OPCS/ICD codes

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

* BMJ Best Practice (2016). Hemorrhoids.

https://qmro.qmul.ac.uk/xmlui/bitstream/handle/123456789/15133/2016_0128_BMJ-bp_Haemorrhoids.pdf?sequence=1

† Bleday R, Breen E. Hemorrhoids: Clinical manifestations and diagnosis. UpToDate. 2019 <https://www.uptodate.com/contents/hemorrhoids-clinical-manifestations-and-diagnosis>