

**Worcestershire Clinical Commissioning Policy Collaborative Brief Technology Assessment:  
 HAEMORRHOID SURGERY**

<p><b>Background</b></p>	<p>Phase 1 of NHS England Evidence Based Interventions (EBI) guidance imposes a contractual requirement, from 1<sup>st</sup> April 2019, for Commissioners (Clinical Commissioning Groups) to have reviewed the recommendations and to have made a formal decision on whether to adopt the national policy or continue with a local statement if it is more stringent.</p> <p>There is currently no local statement for haemorrhoid surgery in Worcestershire.</p>
<p><b>Evidence to support the Technology</b></p>	<p>The NHS England EBI recommendation states:</p> <ul style="list-style-type: none"> <li>• Numerous interventions exist for the management of haemorrhoids (piles).</li> <li>• Changes to the diet like eating more fibre and drinking more water can often help with haemorrhoids.</li> <li>• If these treatments are unsuccessful many patients will respond to outpatient treatment in the form of banding or perhaps injection.</li> <li>• The evidence recommends that surgical treatment should only be considered for haemorrhoids that keep coming back after treatment or for haemorrhoids that are significantly affecting daily life.</li> <li>• Haemorrhoid surgery can lead to complications. Pain and bleeding are common and pain may persist for several weeks. 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.</li> </ul>
<p><b>Future Pathways of Care</b></p>	<p>Surgical treatment should only be considered for those that do not respond to non-operative measures or if the haemorrhoids are more severe, specifically:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Recurrent grade 3 or grade 4 combined internal/external haemorrhoids with persistent pain or bleeding; or</li> <li><input type="checkbox"/> Irreducible and large external haemorrhoids</li> </ul> <p>In cases where there is significant rectal bleeding the patient should be examined internally by a specialist.</p>
<p><b>Financial implications</b> arising from new pathway of care</p>	<p>NHS England have suggested that there will be a small reduction in interventions which should lead to cost-savings.</p>
<p><b>Implications</b></p>	<ul style="list-style-type: none"> <li>• The Commissioner expects all haemorrhoidal surgery to be undertaken following Prior Approval of NHS funding using Blueteq.</li> <li>• A Blueteq form is available for clinicians to make an appropriate application.</li> <li>• NHS funding will be challenged for any interventions that are reported without a valid Unique Identification Number (UIN).</li> </ul>
<p><b>CCPC Recommendations</b></p>	<p>Worcestershire CCGs' should adopt NHS England recommendations until a local policy is developed:</p> <p>Surgery should be performed, according to patient choice and only in cases of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> persistent symptomatic* grade 1 (rare) or 2 haemorrhoids that have not improved with dietary changes, banding or perhaps in certain cases injection, and</li> <li><input type="checkbox"/> recurrent symptomatic* grade 3 and 4 haemorrhoids</li> </ul> <p>* Symptomatic is defined as persistent pain or bleeding</p>
<p><b>Approved by Worcestershire CEJCs:</b>          NHS Redditch &amp; Bromsgrove CCG          NHS South Worcestershire CCG          NHS Wyre Forest CCG          27/02/2019</p>	<p><b>Date to Initiate Review: February 2021</b>          Documents will be reviewed as a minimum every 3 years. However, earlier revisions to the policy may be made in light of published updates to local and national evidence of effectiveness and cost effectiveness and/or recommendations and guidelines from local, national and international clinical professional bodies.</p>