

Haemorrhoids Surgical Treatment CRITERIA BASED ACCESS POLICY

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Application Form	N/A

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CONTENTS

Section		Page
	VERSION CONTROL	1
1	GENERAL PRINCIPLES	2
2	BACKGROUND	2/3
3	POLICY CRITERIA	4
4	INFORMATION ON PROCESS	4/5
5	PALS INFORMATION	5
6	ASSOCIATED DOCUMENTS	5
	REVIEW	2019
	MONITORING, COMPLIANCE AND EVALUATION	
Appendices		
APPENDIX 1	Use Title Case	

**Haemorrhoids Surgical Treatment
Criteria Based Access**

VERSION CONTROL

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Haemorrhoids Surgical Treatment

1 General Principles

Treatment should only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the CCG Individual Funding Panel by submission of an IFR application.

- 1) Clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment. Referring patients to secondary care that do not meet these criteria not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
- 2) On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
- 3) Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment and the IFR team should be approached for advice.
- 4) Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased (Thelwall, 2015).
- 5) Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing (Loof, 2014).
- 6) The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate.
- 7) Where it is subsequently confirmed that a suspect lesion is benign, the criteria based funding approval will apply before further treatment or surgery is offered and provided to patients.

2 **Background**

- 1) Haemorrhoids, also known as piles, are swellings that contain enlarged and swollen blood vessels in or around the rectum and anus. A haemorrhoidectomy is an operation to remove the haemorrhoids.

- 2) Haemorrhoidectomy is regarded as a procedure of low clinical priority and therefore not routinely funded by the Commissioner.
- 3) Most haemorrhoids are mild and sometimes don't even cause symptoms.
- 4) When there are symptoms, these usually include:
 - Bleeding after passing a stool (the blood will be bright red)
 - Itchy bottom
 - A lump hanging down outside of the anus, which may need to be pushed back in after passing a stool
 - Pain

3) Conservative Management in Primary Care

- 1) Patients with symptoms of Haemorrhoids should be conservatively managed initially as it is reasonable to use a period of 'treat, watch and wait'.

2) Reassurance and Advice

Patients should be advised that making lifestyle changes to reduce the strain on the blood vessels in and around the anus is recommended. These can include:

- gradually increasing the amount of fibre in their diet, good sources of fibre.
Include:
 - fruit, vegetables, wholegrain rice, whole-wheat pasta, bread, seeds, nuts/oats
- drinking plenty of fluid, particularly water, avoiding/cutting down on caffeine/ alcohol
- not delaying going to the toilet, ignoring the urge to empty bowels can make stools
harder and drier, which can lead to straining
- avoiding medication that causes constipation, such as painkillers that contain codeine
- losing weight if they are overweight
- exercising regularly, this can help prevent constipation, reduce blood pressure and help
lose weight

3) Over the counter Topical Creams, ointments and Suppositories

Medication that the patient applies directly to their anus (topical treatments) or suppositories bought from a supermarket pharmacy will help ease symptoms and make it easier for the patient to pass stools. These measures can also reduce the risk of haemorrhoids returning, or even developing in the first place.

Any medication should be combined with the diet and self-care advice discussed above.

All patients should be directed to appropriate supporting information on self-managing their condition such as NHS Choices.

<http://www.nhs.uk/Conditions/Haemorrhoids/Pages/What-happens-page.aspx>

POLICY – CRITERIA BASED ACCESS

1) Somerset CCG does not routinely commission

a) Electrotherapy for the treatment of haemorrhoids

- Ultroid for Internal Haemorrhoids <https://www.nice.org.uk/advice/mib75>

b) Botulinum Toxin in the treatment of Haemorrhoids or Anal Fissures

2) Surgical treatment will be considered by the NHS for patients meeting criteria set out below:

a) Conservative treatment has failed **AND**

- a. Haemorrhoids are recurrent **OR**
- b. There is persistent bleeding **OR**
- c. Haemorrhoids cannot be reduced

3) Patients who qualify for treatment may be offered the following treatment options depending on severity and clinical assessment:

- a) Rubber band ligation
- b) Excisional haemorrhoidectomy
- c) Stapled haemorrhoidopexy
- d) Ligasure haemorrhoidectomy
- e) Haemorrhoidal artery ligation
- f) Sclerosant injection
- g) Infrared coagulation
- h) Bipolar electrocoagulation using diathermy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Applications cannot be considered from patients personally.

In order for an application to be considered there must be some unusual or unique clinical factor about the patient that suggests that they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067. **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** pals@somersetccg.nhs.uk

References

The following sources have been considered when drafting this policy:

1. Loof, S. D. (2014). Perioperative complications in smokers and the impact of smoking cessation interventions [Dutch]. Tijdschrift voor Geneeskunde, vol./is. 70/4 (187-192).
2. NHS Choices. (2014, April 8th). Piles (haemorrhoids) . Retrieved June 2015, from NHS Choices: <http://www.nhs.uk/conditions/haemorrhoids/pages/what-is-it-page.aspx>
3. Royal College of Surgeons. (n.d.). Commissioning Guide For Rectal Bleeding: Draft (Not Approved). Retrieved June 2015, from Royal College of Surgeons: <http://www.rcseng.ac.uk/surgeons/surgical-standards/docs/rectal-bleeding-draft-commissioningguidance/view>
4. Thelwall, S. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases, vol. 21, no. 11, p. 1008.e1.
5. NICE . <https://www.nice.org.uk/advice/mib75>