

Commissioning Policy

Haemorrhoid Management

Criteria Based Access (CBA)

Date adopted: 1st August 2015

Version: V1.4

Authorisation and document control

Name of policy:	Haemorrhoid Management
Job title of author:	Senior Commissioning Programme Manager
Name of sign off group:	Commissioning Policy Review Group

Equality and Engagement Impact Assessment	
Date Equality and Engagement Impact Assessment was completed:	23/04/2024

Consultation	
Name of group	Date considered
Local specialist (colorectal surgeon) and GICB elective clinical and care lead	

Authorisation	
Name of group	Date approved
Commissioning Policy Review Group	11 June 2024
System Quality Committee	18 th June 2015

Date of adoption	1 st August 2015
Date of publication	1 st August 2015
Review date	June 2027
To be reviewed by	Commissioning lead for general surgery

Version control				
Version number	Date	Summary of changes	Author/Editor	Approved by
1.0	June 2015	Policy moved to new CCG policy template	Commissioning Manager	ECCP Group
1.1	Nov 2016	Review date updated	IFR Manager	ECCP Group
1.2	Oct 2018	Review data updated	IFR Manager	ECCP Group
1.3	Apr 2024	Policy moved to new ICB policy template	Senior Programme Manager	CPRG
1.4	June 2024	Review date agreed as June 2027. No changes to policy	Editor	CPRG

1.0 Background

Haemorrhoids, also known as piles, are enlarged and swollen blood vessels in and round the lower rectum and anus. Symptoms range from temporary and mild, to persistent and painful. In many cases, haemorrhoids are small, and symptoms settle down without treatment. Conservative management including high fibre diet, exercise, weight loss and topical preparations, is often sufficient to ease symptoms and should be exhausted before referral to secondary care is considered. Initial treatment in secondary care will usually be undertaken in outpatients in the form of haemorrhoid banding. Where symptoms persist despite banding more invasive surgical options may be considered.

2.0 Policy statement

Policy details

Gloucestershire ICB will only consider funding secondary care assessment and treatment of haemorrhoids when the following criteria are met:

- Conservative management has failed, using such measures as:
 - Altering the patient's diet with emphasis on increased fluids and fibre intake to ensure soft, easily passed stools with no straining
 - Adequate pain relief
 - Soothing and astringent treatments

AND

- The patient's symptoms have been documented to have been present for at least three months.

Where referral has been made to exclude significant pathology in a patient with rectal bleeding, which following specialist review is found to be caused by significant haemorrhoids, the haemorrhoids can be treated immediately.

Patients referred to secondary care will usually receive non-operative outpatient treatment in the form of banding. Where patients do not respond to non-operative measures surgical treatment may be considered but should only be undertaken in line with the national [Evidence Based Interventions \(EBI\) guidance](#).

3.0 Patients who are not eligible for treatment under this policy

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.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

Anal skin tags - <https://www.nhsglos.nhs.uk/wp-content/uploads/2023/07/Anal-skin-tags.pdf>

5.0 References

Academy of Medical Royal Colleges, Evidence Based Interventions Guidance Haemorrhoid Surgery, [Haemorrhoid surgery - EBI \(aomrc.org.uk\)](https://www.aomrc.org.uk/guidance/haemorrhoid-surgery-ebi)

National Institute for Health and Care Excellence (NICE), Haemorrhoids NICE CKS, July 2021, <https://cks.nice.org.uk/topics/haemorrhoids/>