

NHS England / NHS Dorset Clinical Commissioning Group

Haemorrhoid Surgery Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

HAEMORRHOID SURGERY CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

This protocol involves surgery for haemorrhoids (piles). Numerous interventions exist for the management of haemorrhoids. 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. Changes to the diet, such as eating more fibre and drinking more water, can often help with haemorrhoids. Treatments that can be done in clinic like rubber band ligation, may be effective, especially for less severe haemorrhoids.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

- 3.1 In the circumstances below, the reason for referral against these criteria will be clearly documented in the notes, and in the referral to secondary care. This will enable random audits to confirm compliance with these guidelines.

Often haemorrhoids (especially early stage haemorrhoids) 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 perhaps injection.

Surgical treatment should only be considered for those that do not respond to these 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.

Surgery should be performed, according to patient choice and only in cases of persistent Grade 1 (rare) or 2 haemorrhoids that have not improved by following dietary advice.

4. EVIDENCE

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.

5. CASES FOR INDIVIDUAL CONSIDERATION

Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

- 5.1 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:
- significantly different to the general population of patients with the particular condition; and
 - they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition
- 5.2 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

This protocol is updated in line with NHS England Evidence Based Interventions Policy 11th January 2019 following national consultation July 2018 to November 2018.

- 6.1 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

- 7.1 This access protocol has been approved on behalf of the Clinical Reference Group in line with processes agreed by the CCG's Governing Body.

8. COMMUNICATION/DISSEMINATION

- 8.1 Following approval each Criteria Based Access Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

9.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

N/A

A DOCUMENT DETAILS	
Procedural Document Number	169
Author (Name and Job Title)	Tracey Hall, Head of Service, Elective Care
Date of approval - NHSE	January 2019
Version	1.0
Review frequency	Every 3 years
Review date	February 2022

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
1.0	February 2019	Tracey Hall, Head of Service, Elective Care	NHSE Consultation July 2018 to November 2018

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
January 2019	1.0	February 2022	New protocol - in line with national policy (January 2019)	April 2019	NHSE

D ASSOCIATED DOCUMENTS
<ul style="list-style-type: none"> NHS England Policy for Evidence Based Interventions, January 2019 Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
Further information: Supporting evidence can be found at p29 NHSE Evidence Based Interventions – Guidance for CCGs	https://www.nhs.uk/conditions/piles-haemorrhoids/ https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf	November 2018

F	DISTRIBUTION LIST		
Internal CCG Intranet	CCG Internet Website	GP Communications Bulletin	External (Trusts, ISPs) stakeholders
✓	✓	✓	✓