

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 283a (TVPC72) Management of Haemorrhoids

**Recommendation made by
the Priorities Committee:** November 2017/ Updated March 2021¹

Date of issue: **July 2021**

A referral for specialist assessment and management of haemorrhoids will be funded if:

- Haemorrhoids are prolapsed and incarcerated, and cannot be reduced (grade 4 haemorrhoids)

OR

- The haemorrhoids are recurrent and associated with persistent bleeding and/or pain and/or there is frequent and recurrent significant prolapse. Conservative management techniques must have been tried and failed. These include:
 - Ensuring stools are soft and easy to pass (bulk forming laxative)
 - Dietary and lifestyle advice (increase fluid and insoluble fibre intake, discourage straining)
 - Symptomatic relief (non-opioid analgesia and/or topical haemorrhoid preparation)

If a patient presents with rectal bleeding, they need to be appropriately investigated to determine the cause of the bleeding. If symptoms are suggestive of malignancy, they must be referred under the two week wait pathway

<https://www.nice.org.uk/guidance/ng12/chapter/1-Recommendations-organised-by-site-of-cancer#lower-gastrointestinal-tract-cancers>

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>
- Oxfordshire CCG's clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies.htm>

¹ The 2018 NHS England Evidence-Based Interventions Programme was considered during this update; no changes to the policy were made.

Procedure codes (OPCS) for the treatment of haemorrhoids:

- H51.1 Haemorrhoidectomy
- H51.2 partial internal sphincterotomy for haemorrhoid
- H51.3 Stapled haemorrhoidectomy
- H51.8 Other specified excision of haemorrhoid
- H51.9 Unspecified excision of haemorrhoid

- H52.1 Cryotherapy to haemorrhoid
- H52.2 Infrared photocoagulation of haemorrhoid
- H52.3 Injection of sclerosing substance into haemorrhoid (includes injection into haemorrhoid and sclerotherapy to haemorrhoid)
- H52.4 Rubber band ligation of haemorrhoid
- H52.8 Other specified destruction of haemorrhoid
- H52.9 Unspecified destruction of haemorrhoid

- H53.1 Evacuation of perianal haemotoma
- H53.2 Forced manual dilation of anus for haemorrhoid
- H53.3 Manual reduction of prolapsed haemorrhoid
- H53.8 Other specified operations on haemorrhoid
- H53.9 Unspecified operations on haemorrhoid