

Haemorrhoidectomy (and Haemorrhoidopexy) Commissioning Policy

General Commissioning Policy

Treatment	Haemorrhoidectomy (and Haemorrhoidopexy)
<p><b>OPCS Codes</b></p>	<p><b>H51 Excision of haemorrhoid</b>                      H511 Haemorrhoidectomy                      H512 Partial internal sphincterotomy for haemorrhoid                      H513 Stapled haemorrhoidectomy                      H518 Other specified excision of haemorrhoid                      H519 Unspecified excision of haemorrhoid</p> <p><b>H52 Destruction of haemorrhoid</b>                      H521 Cryotherapy to haemorrhoid                      H522 Infrared photocoagulation of haemorrhoid                      H523 Injection of sclerosing substance into haemorrhoid                      H524 Rubber band ligation of haemorrhoid                      H528 Other specified destruction of haemorrhoid                      H529 Unspecified destruction of haemorrhoid</p> <p><b>H53 Other operations on haemorrhoid</b>                      H531 Evacuation of perianal haematoma                      H532 Forced manual dilation of anus for haemorrhoid                      H533 Manual reduction of prolapsed haemorrhoid                      H538 Other specified other operations on haemorrhoid                      H539 Unspecified other operations on haemorrhoid</p>
<p><b>Background</b></p>	<p>Haemorrhoids are enlarged vascular cushions in the anal canal and may be external or internal. They are the commonest cause of rectal bleeding</p> <p>Definition of degrees of haemorrhoids:</p> <ul style="list-style-type: none"> <li>• First grade: the haemorrhoids remain inside at all times</li> <li>• Second grade: the haemorrhoids extend out of the rectum during a bowel movement but return on their own</li> <li>• Third grade: the haemorrhoids extend out during a bowel movement but can be pushed back inside</li> <li>• Fourth grade: the haemorrhoid is always outside</li> </ul>
<p><b>Commissioning position</b></p>	<p>NHS Scarborough &amp; Ryedale and Vale of York CCGs will only commission haemorrhoidectomy (and haemorrhoidopexy) in the following circumstances:</p> <ul style="list-style-type: none"> <li>• Grade I or II haemorrhoids with severe symptoms which include bleeding, faecal soiling, itching or pain which have failed to respond to conservative management for 6 months.</li> <li>• Grade III or IV haemorrhoids (i.e. prolapsed)</li> </ul> <p><b>Treatment in all other circumstances is not routinely commissioned and should not be referred unless clinical exceptionalism is demonstrated and approved by the Individual Funding Request</b></p>

	<b>Panel prior to referral</b>
<b>Summary of evidence / rationale</b>	<p>Grade I or II haemorrhoids may be managed by diet modification, use of laxatives or treated by topical applications. Interventional treatments include rubber band ligation, sclerosant injections, infra-red coagulation or bipolar electrocoagulation using diathermy.</p> <p>Treatment for Grade III and IV haemorrhoids include bipolar electrocoagulation using diathermy, stapled haemorrhoidopexy or haemorrhoidal artery ligation (IPG 525)</p> <p>There is some evidence of longer term efficacy of conventional haemorrhoidectomy over stapled procedure.</p> <p>Short term efficacy and cost effectiveness is similar.</p>
<b>Date effective from</b>	September 2018
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<b>Review Date</b>	2020

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Version	Created /actioned by	Nature of Amendment	Approved by	Date
1.0	Lead Clinician and Senior Service Improvement Manager	Initial draft of new policy and circulation to internal GP Leads	Lead Clinicians – VoY and SR CCGs	May 2018
2.0	Senior Service Improvement Manager	No requirement for consultation – no significant change in thresholds	Lead Clinicians – VoY and SR CCGs	June 2018
FINAL	Senior Service Improvement Manager	Approval of threshold	SRCCG Business Committee VoY Clinical Executive	04.07.18 04.07.18