

# Haemorrhoidectomy

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## VERSION CONTROL

<b>Version:</b>	3.0
<b>Ratified by:</b>	Governing Body Meetings in Common
<b>Date ratified:</b>	20 March 2019
<b>Name of originator/author:</b>	Joint CCG Clinical Commissioning Policy Development Group/NHS England
<b>Name of responsible committees:</b>	Clinical Quality and Governance Committee
<b>Date issued:</b>	1 April 2019
<b>Review date:</b>	March 2022

## VERSION HISTORY

<b>Date</b>	<b>Version</b>	<b>Comment / Update</b>
December 2015	1.0	
July 2016	2.0	Approved by Governing Body
March 2019	3.0	Approved by Governing Body meetings in common

## Commissioning policy: Coventry and Rugby CCG (CRCCG)

### Evidence-Based Intervention Commissioning policy:

#### Haemorrhoidectomy

<b>Treatment</b>	Haemorrhoidectomy
<b>Indication</b>	Haemorrhoids
<b>Treatment:</b>	<p>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.</p> <p>Surgical treatment should <b>ONLY</b> be considered for those that do not respond to these non-operative measures or if the haemorrhoids are more severe, and the patient specifically meets the following criteria:</p> <ul style="list-style-type: none"><li>• Recurrent grade 3 or grade 4 combined internal/external haemorrhoids with persistent pain or bleeding; or</li><li>• Irreducible and large external haemorrhoids</li></ul> <p>In cases where there is significant rectal bleeding the patient should be examined internally by a specialist.</p> <p><b>Prior approval from the Clinical Commissioning Group will be required before any treatment proceeds in secondary care.</b></p>
<b>Diagnostic and Procedure Codes</b>	H511, H512, H513, H518, H519, K640, K641, K642, K643, K644, K645, K646, K647, K648, K649
<b>Equality Impact</b>	See NHS England Equality and Health Inequalities – Full Analysis Form