Hampshire and Isle of Wight Integrated Care Board Priorities Committee

Policy title	**Policy 40: Management of Haemorrhoids (2021)**
Policy position	**Criteria Based Access**
Date of issue	January 2023
Update	This policy will be updated as per 3-year cycle or in light of a substantial body of new evidence or new national guidance (e.g., NICE)

The majority of haemorrhoids will resolve spontaneously following conservative treatment. Patients may be referred for a surgical opinion if one or more of the following criteria are met:

- Patients with haemorrhoids (grades 1 to 3) which have not responded to conservative measures (such as eating more fibre, drinking more water and toilet training), plus banding or injections.
- Recurrent grade 3 or grade 4 combined internal/external haemorrhoids with persistent pain or bleeding.
- Irreducible and large external haemorrhoids (grade 4).
- Patients with a coagulation deficit (e.g., use of warfarin or novel oral anticoagulants) and where repeated haemorrhoidal bleeding is causing anaemia.

In cases where there is significant rectal bleeding the patient should be examined internally by a specialist.

Skin tags are considered cosmetic, and removal is not routinely funded. Such skin tags should be considered in the context of a benign skin lesion and clinicians should refer to Policy 57 ‘Removal of benign skin lesions’.

Reference: Academy of Medical Royal Colleges (2018) Evidence-Based Interventions, Haemorrhoid Surgery

Version	Date	Reason for change
Version 1	2018	New policy
Version 2	(Ratified by Board – July 2022)	3 yearly update. Amendments to bring the policy in line with EBI

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status