

Programme Title: Clinical Policies

Clinical Policies aim to prevent avoidable harm to patients by only offering treatments on the NHS that are evidence-based, clinically safe and effective, as well as cost effective and a good use of resources.

Cambridgeshire, Peterborough, Bedfordshire, Luton, Milton Keynes and Hertfordshire

<p>Title of policy and version:</p>	<p>Colorectal - Haemorrhoid Surgery</p> <p>Version: v1.0</p>
<p>Commissioning position:</p>	<p>Criteria Based Access</p>
<p>Scope:</p>	<p>Covers</p> <ul style="list-style-type: none"> • Surgical interventions for haemorrhoids where clinically indicated. Includes: <ul style="list-style-type: none"> ○ Excisional haemorrhoidectomy ○ Stapled haemorrhoidopexy ○ Haemorrhoidal artery ligation ○ Radiofrequency ablation of haemorrhoids • Conservative management and less invasive outpatient treatments remain the usual first-line approach. <p>Out of scope:</p> <ul style="list-style-type: none"> • Management of suspected or confirmed anorectal malignancy • Emergency management of acute anorectal bleeding or other urgent colorectal pathology • Conservative management of haemorrhoids (e.g. dietary advice, topical treatments) • Non-surgical outpatient treatments (e.g. rubber band ligation or injection therapy), except where referenced as part of prior management.
<p>Cohort:</p>	<p>Patients with haemorrhoidal disease where surgical intervention is being considered following appropriate assessment and prior management.</p>
<p>Other relevant Clinical Policy</p>	<p>Topical treatments for haemorrhoids are within:</p> <p>NHS England - Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care</p>

Treatments routinely funded:	<p>The ICB will fund haemorrhoid surgery when ONE or more of the following criteria are met:</p> <ul style="list-style-type: none"> • Persistent grade 1 (rare) or grade 2 haemorrhoids that have not improved with appropriate non-operative management (for example, topical treatments, dietary measures and outpatient treatments such as rubber band ligation or injection) <p>OR</p> <ul style="list-style-type: none"> • Grade 3 or grade 4 haemorrhoids <p>OR</p> <ul style="list-style-type: none"> • Haemorrhoids with a significant symptomatic external component (including irreducible or large external haemorrhoids)
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Treatments not funded:	The ICB will not normally fund haemorrhoid surgery where the above criteria are not met.
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Rationale:

Most haemorrhoids can be managed conservatively or with less invasive outpatient treatments. Surgical treatment can be effective in selected cases but carries risks, including pain, bleeding, infection, urinary retention, fissuring, stenosis and (rarely) incontinence. A criteria-based approach supports appropriate use of surgery in patients with persistent, severe or clinically significant disease.

IFR Statement Clinical Exceptionality:

Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process.

Coding list:

OPCS: H511, H512, H513, H518, H519, H521, H522, H523, H524, H528, H529, H531, H532, H533, H538, H539

ICD-10: K64.0–K64.5, K64.8, K64.9O22.4, O87.2

Policy document record:	Colorectal - Haemorrhoid Surgery Version: v1.0
Ratification date:	1st April 2026
Record of significant change:	v1.0 – New harmonised policy for Central East ICB, based on predecessor ICB policies (C&P, HWE, BLMK).
Planned review date:	TBC

Document Environmental Impact statement:
Neutral environmental impact. Policy to be shared and stored electronically where possible; if printed, use double-sided printing and minimal copies.

