

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC72 Management of Haemorrhoids
Date of BOB ICB Adoption	February 2024

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>

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 haemotomoa
- 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

NOTES:

- Potentially exceptional circumstances may be considered by a patient’s ICB 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 was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policy statements can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

Recommendation made by TVPC	November 2017 Updated March 2021
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