

Humber Coast and Vale

Haemorrhoidectomy and Haemorrhoidopexy Commissioning Policy

Intervention	Haemorrhoidectomy (and Haemorrhoidopexy)
OPCS codes	<p>H51 Excision of haemorrhoid</p> <p>H511 Haemorrhoidectomy</p> <p>H512 Partial internal sphincterotomy for haemorrhoid</p> <p>H513 Stapled haemorrhoidectomy</p> <p>H518 Other specified excision of haemorrhoid</p> <p>H519 Unspecified excision of haemorrhoid</p> <p>H52 Destruction of haemorrhoid</p> <p>H521 Cryotherapy to haemorrhoid</p> <p>H522 Infrared photocoagulation of haemorrhoid</p> <p>H523 Injection of sclerosing substance into haemorrhoid</p> <p>H524 Rubber band ligation of haemorrhoid</p> <p>H528 Other specified destruction of haemorrhoid</p> <p>H529 Unspecified destruction of haemorrhoid</p> <p>H53 Other operations on haemorrhoid</p> <p>H531 Evacuation of perianal haematoma</p> <p>H532 Forced manual dilation of anus for haemorrhoid</p> <p>H533 Manual reduction of prolapsed haemorrhoid</p> <p>H538 Other specified other operations on haemorrhoid</p> <p>H539 Unspecified other operations on haemorrhoid</p>
For the treatment of:	Haemorrhoids
Background	<p>Definition of degrees of haemorrhoids:</p> <ul style="list-style-type: none"> • First grade: the haemorrhoids remain inside at all times • Second grade: the haemorrhoids extend out of the rectum during a bowel movement but return on their own • Third grade: the haemorrhoids extend out during a bowel movement but can be pushed back inside • Fourth grade: the haemorrhoid is always outside
Commissioning position	<p>All requests for this treatment must be sent to the IFR Panel for consideration.</p> <p>Humber Coast and Vale CCGs will only commission haemorrhoidectomy (and Haemorrhoidopexy) in the following circumstances:</p> <ul style="list-style-type: none"> • 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. • Grade III or IV haemorrhoids (i.e. prolapsed) <p>HCV CCGs do not routinely commission in any other circumstances.</p>
Summary of evidence /rationale	<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>Treatments for Grade III and IV haemorrhoids include bipolar electrocoagulation using diathermy, stapled Haemorrhoidopexy or haemorrhoidal artery ligation (IPG 525)</p>
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References:

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