NHS
Greater Manchester

Haemorrhoids and anal skin tags

(the surgical management of (including banding))

Commissioning Statement

Version 2.5 (3 April 2025)

Criteria

1. Haemorrhoidectomy is commissioned in line with one or more of the following:

- Recurrent or persistent bleeding, which has not responded to primary care management.
- Fourth degree haemorrhoids or third-degree haemorrhoids that are too large for non-operative measures (haemorrhoidectomy may be needed).
- Combined internal and external haemorrhoids with severe symptoms (surgery may be required).
- Thrombosed haemorrhoids when bleeding is problematic, or there is chronic irritation or leakage.
- Extremely painful, acutely thrombosed external haemorrhoids presenting within 72 hours of onset (reduction or excision may be needed).
- Internal haemorrhoids that have prolapsed and become swollen, incarcerated, and thrombosed (haemorrhoidectomy may be needed).

2. Refer for evaluation as to whether or not surgery is indicated: If the patient has an acute onset perianal haematoma (a blue or dark coloured swelling at the anal verge) within 24 hours of first occurring.

3. Symptomatic haemorrhoids found as part of colonoscopy investigation can be banded if patient fully consented for the procedure, and this is included within the original costs, for example. makes no change to the tariff charged).

4. The surgical management (including banding) of anal skin tags is **not** commissioned.

Exclusion

1. Any perianal lesion or episodes of perianal bleeding that are suspected of being due to malignancy are excluded from this commissioning statement and should be referred via the normal 2-week pathway.

Notes for clinicians:

1. When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

2. Treating clinicians can submit an Individual Funding Request, also known as an IFR, outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester IFR Operational Policy.