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## **Stapled Haemorrhoidectomy – Technology Appraisal**

### **Personal Statement**

I have been the Director of the Continence Foundation since 2001. I have been involved in responding to a considerable number of NICE consultations. The majority have been Interventional Procedures, but I also regarding the technology appraisal of TVT and spoke at the appraisal committee meeting. Most recently, I have been involved in the implementation group for urinary incontinence in women and am still a member of the Guideline Development Group for faecal incontinence. The work of the GDG for faecal incontinence has included looking at studies where faecal incontinence was attributable to haemorrhoids or haemorrhoidectomy, but not studies of the outcomes of the relevant operations.

At the Continence Foundation, I am in touch with members of the public who have questions about bladder and bowel problems through calls, e-mails and letters to the office, including questions from our members. However, questions that can only be answered by someone with clinical expertise are always dealt with by the continence nurse specialists who staff our Helpline, and those conversations and e-mails remain confidential so that I would be told if particular topics were unusually prominent but not about individual cases. In addition, we have an open Forum on our website, on which anyone can post messages about bladder or bowel problems.

In spite of the range of these sources of information, we have found it very difficult to find people who have undergone either stapled haemorrhoidectomy or other operations for the condition. The most detailed reply we had has been submitted as a testimonial for this appraisal: this came from a surgeon, Mr. Peter Dawson, who just happened to be someone who underwent an “open haemorrhoid” operation and later, after a recurrence of the problem, the stapled haemorrhoidectomy. He is actually also a specialist in this field.

His comments on the stapled haemorrhoidectomy are similar to those we have received from other patients: low levels of post-operative pain, rapid return to work and satisfaction with the procedure.

We have also had comments from people considering the procedure which express fears about whether they will cope with the pain and how long they will need to be off work. There was also concern about possible recurrence of problems.

I found the assessment report for this appraisal balanced and a fair reflection of the evidence collected. The only area I would want to question is the assumptions behind the economic model used: how values were arrived at for post-operative pain and the number of days needed for recovery since these matters are of such importance to patients and prospective patients.

Yours sincerely,



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