

Circular stapled haemorrhoidectomy

1 Guidance

- 1.1 Current evidence on the safety and efficacy of circular stapled haemorrhoidectomy appears adequate to support the use of the procedure, provided that normal arrangements are in place for consent, audit and clinical governance.
- 1.2 Clinicians wishing to learn circular stapled haemorrhoidectomy should be trained, mentored and monitored, as described in the Association of Coloproctology's consensus document on the procedure (see the Association's website: www.acpgbi.org.uk).

2 The procedure

2.1 Indications

- 2.1.1 Circular stapled haemorrhoidectomy is used to treat internal haemorrhoids, which develop when cushions of vascular tissue in the anus undergo pathological change. Haemorrhoids may prolapse and cause bleeding, faecal soiling, itching and occasionally pain.

2.2 Outline of the procedure

- 2.2.1 In circular stapled rectal haemorrhoidectomy, a stapler is used to excise an annulus of rectal mucosa above the haemorrhoids. This reduces the size of internal haemorrhoids by interrupting their blood supply, and reducing the available rectal mucosa with the potential to prolapse. By contrast,

conventional surgical haemorrhoidectomy involves excision of haemorrhoidal tissue, anoderm and perianal skin.

2.3 Efficacy

- 2.3.1 The studies suggested that patients had less pain and returned to normal activity more quickly after stapled haemorrhoidectomy than after conventional haemorrhoidectomy. In one randomised controlled trial with 84 patients, the average time of return to work was 6 days after the circular stapled technique, compared with 15 days after conventional surgery. For more details refer to the sources of evidence below.
- 2.3.2 The Specialist Advisors stated that circular stapled haemorrhoidectomy was relatively new, but that an increasing number of surgeons were using this approach. The Advisors considered stapled haemorrhoidectomy to be as effective as the surgical alternative. They noted that there were limited long-term data, and that the durability of the procedure was therefore unclear.

2.4 Safety

- 2.4.1 The studies suggested a lower overall postoperative complication rate with circular stapled haemorrhoidectomy than with conventional haemorrhoidectomy. A systematic review published in 2001 indicated a significant reduction in the risk of bleeding during the first 2 weeks after the procedure. For more details refer to the sources of evidence below.

Interventional Procedure Guidance 34

This guidance is written in the following context:

This guidance represents the view of the Institute which was arrived at after careful consideration of the available evidence. Health professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of health professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

- 2.4.2 The Association of Coloproctology's consensus document stated that adverse events were related to the possibility of a full thickness excision to the rectal wall, with the potential for injury to the internal anal sphincter. In addition, stretching of the anal sphincter by the stapler head may, in theory, cause injury.
- 2.4.3 The Specialist Advisors suggested that most of the safety concerns were theoretical and that many of them were not supported by the trials that have been published.

2.5 Other comments

- 2.5.1 It was noted that long-term data were lacking and that the Association of Coloproctology of Great Britain and Ireland is undertaking an audit on this procedure. Surgeons doing this procedure are strongly encouraged to include patients in this audit.

Andrew Dillon
Chief Executive
December 2003

Information for the Public

NICE has produced information describing its guidance on this procedure for patients, carers and those with a wider interest in healthcare. It explains the nature of the procedure and the decision made, and has been written with patient consent in mind. This information is available from www.nice.org.uk/IPG034publicinfoenglish and in English and Welsh from www.nice.org.uk/IPG034publicinfowelsh.

Sources of evidence

The evidence considered by the Interventional Procedures Advisory Committee is described in the following document.

Interventional procedure overview of circular stapled haemorrhoidectomy, November 2002

Available from: www.nice.org.uk/IP106overview

Ordering information

Copies of this guidance can be obtained from the NHS Response Line by telephoning 0870 1555 455 and quoting reference number N0403. *Information for the Public* can be obtained by quoting reference number N0404 for the English version and N0405 for a version in English and Welsh.

The distribution list for this guidance is available on the NICE website at URL www.nice.org.uk/IPG034distributionlist

Published by the National Institute for Clinical Excellence, December 2003 ISBN: 1-84257-477-9

© National Institute for Clinical Excellence December 2003. All rights reserved. This material may be freely reproduced for educational and not for profit purposes within the NHS. No reproduction by or for commercial organisations is permitted without the express written permission of the Institute.

National Institute for Clinical Excellence

MidCity Place, 71 High Holborn, London WC1V 6NA, website: www.nice.org.uk

N0403 1P 5k Dec 03 (ABA)