

Circular stapled haemorrhoidectomy

HealthTech guidance

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www.nice.org.uk/guidance/htg15

Your responsibility

This guidance represents the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take this guidance fully into account, and specifically any special arrangements relating to the introduction of new interventional procedures. The guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the [Yellow Card Scheme](#).

Commissioners and/or providers have a responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties. Providers should ensure that governance structures are in place to review, authorise and monitor the introduction of new devices and procedures.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should [assess and reduce the environmental impact of implementing NICE recommendations](#) wherever possible.

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This guidance replaces IPG34.

1 Recommendations

- 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](#) consensus document on the procedure.

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, see the [overview for this guidance](#).
- 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, see the [overview for this guidance](#).
- 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.

3 Further information

Sources of evidence

The evidence considered by the committee is in the [overview for this guidance](#).

Information for patients

NICE has produced [information for the public on this procedure](#). It explains the nature of the procedure and the guidance issued by NICE, and has been written with patient consent in mind.

Update information

Minor changes since publication

January 2026: Interventional procedures guidance 34 has been migrated to HealthTech guidance 15. The recommendations and accompanying content remain unchanged.

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Endorsing organisation

This guidance has been endorsed by [Healthcare Improvement Scotland](#).