

Superior rectal artery embolisation for haemorrhoids

HealthTech guidance

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www.nice.org.uk/guidance/htg485

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 IPG627.

1 Recommendations

More research is needed

- 1.1 Current evidence on the safety and efficacy of superior rectal artery embolisation for haemorrhoids is inadequate in quality and quantity. Therefore, this procedure should only be used in the context of research. Find out [what only in research means](#) on the NICE interventional procedures guidance page.

What research is needed

- 1.2 Further research should report details of patient selection, and follow-up efficacy (including symptom relief), need for subsequent treatments, quality of life and safety outcomes for at least 1 year.

2 The condition, current treatments and procedure

The condition

- 2.1 Haemorrhoids occur when the vascular anal cushions become enlarged. Some patients may be asymptomatic but others have symptoms of bleeding, itching or discomfort. Goligher's classification is commonly used to grade haemorrhoids from I to IV. Small symptomatic haemorrhoids are classified as grade I and they do not prolapse. Larger haemorrhoids may prolapse out of the anus. Prolapsed haemorrhoids may reduce spontaneously after defaecation (grade II), may need to be reduced digitally (grade III), or they may not be reducible and remain prolapsed (grade IV).

Current treatments

- 2.2 Grade I and II haemorrhoids may be managed by changes in diet or using laxatives, or treated by topical applications (such as corticosteroid creams or local anaesthetics). Established interventional treatments include rubber band ligation, sclerosant injections, infrared coagulation or electrocoagulation.
- 2.3 Established treatments for symptomatic grade III and IV haemorrhoids include haemorrhoidectomy, stapled haemorrhoidopexy, haemorrhoidal artery ligation and electrocoagulation.

The procedure

- 2.4 Superior rectal artery embolisation for haemorrhoids is done under local anaesthesia. A catheter is passed into the inferior mesenteric artery through an introducer sheath in a large artery (usually the femoral artery). A microcatheter is then passed into the superior rectal arteries using X-ray fluoroscopy to confirm

correct placement and to identify the branches of the superior rectal artery. Small coils (about 2 mm to 3 mm in diameter) or particles are placed into the most distal branches of the superior rectal arteries, to occlude the blood supply to the haemorrhoids.

- 2.5 The aim is to occlude permanently the branches that feed the haemorrhoidal plexuses and relieve the symptoms associated with haemorrhoids, such as pain and bleeding.

3 Committee considerations

The evidence

- 3.1 To inform the committee, NICE did a rapid review of the published literature on the efficacy and safety of this procedure. This comprised a comprehensive literature search and detailed review of the evidence from 4 sources, which was discussed by the committee. The evidence included 4 case series, and is presented in [table 2 of the interventional procedures overview](#). Other relevant literature is in the appendix of the overview.
- 3.2 The specialist advisers and the committee considered the key efficacy outcomes to be: quality of life, symptom improvement and stopping bleeding.
- 3.3 The specialist advisers and the committee considered the key safety outcomes to be: bleeding, rectal ulceration and colonic ischaemia.
- 3.4 Patient commentary was sought but none was received.

Committee comments

- 3.5 This guidance does not apply to the emergency treatment of patients presenting with acute rectal bleeding.
- 3.6 The committee was informed that this procedure may be useful when other treatments for haemorrhoids are contraindicated, such as in patients with coagulation disorders.
- 3.7 The committee noted that although this is a common condition there is a lack of published evidence on patient selection for this procedure, and it felt that further information on this would be helpful.

Update information

Minor changes after publication

January 2026: Interventional procedures guidance 627 has been migrated to HealthTech guidance 485. The recommendations and accompanying content remain unchanged.

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Endorsing organisation

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