

**HEALTH TECHNOLOGY APPRAISAL: NICE Health Technology  
Appraisal - Appraisal Consultation Document (ACD)**

**On**

**Stapled Haemorrhoidectomy for the treatment of haemorrhoids**

**TO: NICE**

**FROM: NHS Quality  
Improvement Scotland**

Reviewer 1:

On whole I felt that all of the relevant evidence had been taken into account.

With regard to the summaries of clinic and cost effectiveness my opinion would be that the evidence has been interpreted reasonably and the preliminary views on the resource impact and implications for the NHS are appropriate. I see no reason why this should be different within Scotland but would wish to highlight training as an issue that must be addressed.

Corman et al authored a consensus group, which was published in Colorectal Disease in 2003. This was attended by the main proponents of the technique, from around the world. They proposed several position statements regarding the procedure and technique. The first being that it should be called a stapled haemorrhoidopexy rather than a haemorrhoidectomy as it best captured the nature of the procedure. They also indicated the patient groups best suited to the procedure. Outlining instances where caution was to be advised and when it was contra indicated. They also discussed informed consent and at the summation of the article made recommendations for surgeons planning to perform stapled haemorrhoidopexy independently.

They outlined that experience within rectal surgery and the understanding of anorectal anatomy was requisite. One had to have experience with circular stapling devices and attendance at a formal course such as the one held at Ninewell's Hospital in Dundee should be mandatory. Following the course it should initially be performed whilst being observed by an experienced surgeon. For any guideline to be complete one has to include the issues of training. In my opinion this is essential. Any Scottish NICE documentation must take account of this otherwise what is a worthwhile technique may become discredited.

Overall the provisional recommendations of the Appraisal Committee were sound and constituted a suitable basis for the preparation of guidance to the NHS but I cannot emphasise too strongly that the training issue has to be addressed.

Reviewer 2.

Absent on annual leave until 29 May 2007.

Reviewer 3.

- i) Whether you consider that all the relevant evidence has been taken into account.

Yes with one caveat – the report notes the use of procedure in the UK for 2 – 3 years – has it been through the IPP process or does it not need to go?

- ii) Whether you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate.

Appeared a reasonable summation as far as I can tell.

- iii) Whether you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS.

Yes, if the above comment re IPP is resolved. No other advice from surgical advisers

25 May 2007