



National Institute for Health and Clinical Excellence

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PRESS RELEASE

NICE appraisal of stapled haemorrhoidopexy for the treatment of prolapsed haemorrhoids

The National Institute for Health and Clinical Excellence (NICE) has today issued guidance recommending the use of stapled haemorrhoidopexy for the treatment of prolapsed internal haemorrhoids. This guidance is produced as part of its multiple technology appraisal (MTA) work programme.

Peter Littlejohns, Executive Lead for the appraisal said: “This guidance is good news for anyone suffering from prolapsed internal haemorrhoids, for whom surgical intervention is considered appropriate. Evidence presented to the committee has shown that people who undergo a stapled haemorrhoidopexy rather than a conventional haemorrhoidectomy will experience less post operative pain, a shorter wound healing time and hospital stay and return to normal activities quicker. By recommending the use of this technology, people in England and Wales with this more severe form of haemorrhoids can be reassured that they have access to a treatment that works, when they need it.”

Ends

Notes to Editors

About NICE

1. The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
2. NICE produces guidance in three areas of health:
 - **public health** – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector

- **health technologies** – guidance on the use of new and existing medicines, treatments and procedures within the NHS
- **clinical practice** – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

About the guidance

3. The stapled haemorrhoidopexy guidance is available at www.nice.org.uk/TA128
4. Stapled haemorrhoidopexy is a technique that reduces the prolapse of haemorrhoidal tissue by excising a band of the prolapsed anal mucosa membrane above the dentate line, using a specific circular stapling device. This interrupts the blood supply to the haemorrhoids and reduces the potential for available rectal mucosa to prolapse.
5. A number of factors are known to be associated with the development of haemorrhoids, including increasing age, pregnancy and childbirth, chronic constipation, chronic diarrhoea, and heredity.
6. Haemorrhoids are estimated to affect between 4.4% and 24.5% of the UK population. In 2004–5 approximately 23,000 outpatient or inpatient haemorrhoidal procedures were carried out in England, of which approximately 8000 were excisional interventions.