

# Electrotherapy for the treatment of haemorrhoids

Information for the public

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[www.nice.org.uk](http://www.nice.org.uk)

## What has NICE said?

Electrotherapy is safe enough and works well enough for use in the NHS to treat grades 1 to 3 haemorrhoids. But, it doesn't always work and the procedure may need to be repeated. Also, it can be painful and an anaesthetic may be needed so the electrotherapy can be given at higher power settings.

## What does this mean for me?

Your health professional should fully explain what's involved in having this procedure and discuss the possible benefits and risks with you. You should also be told how to find more information about the procedure, and about other treatment options, including non-surgical treatments. All of this should happen before you decide whether you want to have this procedure or not.

## Other comments from NICE

NICE said that electrotherapy for haemorrhoids is intended to be used as an outpatient procedure without anaesthesia and that, with low power settings, the procedure often needs to be repeated. It also said that there's little evidence about the use of electrotherapy for [grade 4 haemorrhoids](#).

## The condition

Haemorrhoids (piles) are enlarged and swollen blood vessels in or around the lower rectum and the anus. Their severity and size are classified into grades 1 to 4. Sometimes there are no symptoms, but they can cause bleeding, itching or discomfort (grade 1). If haemorrhoids are large, they may protrude out of the anus. They may then go back into the rectum spontaneously after passing a stool (grade 2). Or, they may need to be pushed back in (grade 3), or may stay protruding from the anus (grade 4).

Treatment depends on how bad they are. Grades 1 and 2 haemorrhoids can be treated by dietary changes, and medicines such as laxatives, creams and suppositories. If these do not help, other treatments include putting a rubber band round the haemorrhoid to cut off its blood supply (banding), and special injections (sclerosants) or heat (diathermy) to shrink the haemorrhoids. Treatments for grades 3 and 4 haemorrhoids include surgical removal, stapling or tying off their blood supply, and diathermy to shrink them.

NICE has looked at using [electrotherapy](#) as another treatment option. NHS Choices ([www.nhs.uk](http://www.nhs.uk)) may be a good place to find out more.

## The procedure

The aim of electrotherapy (also called electrocoagulation) is to shrink the haemorrhoids to reduce discomfort, bleeding and their size.

The patient lies on their left side. The surgeon uses a proctoscope (a thin hollow tube, sometimes with a light at its tip, inserted into the anus) to locate the haemorrhoid. A direct electric current is then sent to the base of the haemorrhoid using a probe with metal contact points. How long the current is applied for, and its power, depends on the grade of the haemorrhoid and the patient's pain threshold. More than one haemorrhoid may be treated at each session if necessary and if the patient can tolerate it. One approach uses a

low power direct electric current in an outpatient setting. Another approach uses a higher power with a general or spinal anaesthetic.

## Benefits and risks

When NICE looked at the evidence, it decided that it showed electrotherapy to be safe enough and to work well enough for use in the NHS to treat grades 1 to 3 haemorrhoids. The 9 studies that NICE looked at involved a total of 2826 patients.

Generally, they showed the following benefits:

- an improvement in rectal bleeding symptoms 8 weeks after the procedure (no rectal bleeding in 88% of patients and reduced rectal bleeding in 6%), and no rebleeding at 1 year in 95% of patients
- all symptoms had disappeared and had not come back in 66–82% of patients at 1 year, and there was some improvement in the severity, duration and frequency of symptoms in 10% of patients
- no new grade 1 or 2 haemorrhoids in 94% of patients for up to 7 years
- treatment success in 88% of patients after 8 months and an average of 6.5 treatments
- 93% of patients back to work after 2 days, 5% back to work after 2–6 days, and 2% at home for up to 2 weeks because of pain and discomfort
- 84% of patients fully satisfied with the treatment, 12% were moderately satisfied, and 4% were not satisfied.

The studies showed that the risks of electrotherapy for haemorrhoids included:

- severe pain in 2% of patients, moderate pain in 68% and mild pain in 30% during the treatment, and pain that resulted in the treatment being stopped in 20% of patients
- pain lasting more than 1 day after treatment in 16% of patients and, 7 days after treatment, moderate pain in 7% and mild pain in 15% with low power electrotherapy and in 15% with high power electrotherapy
- rectal bleeding in 12% of patients 1–48 hours after the procedure and in 16% of patients 48 hours after the procedure

- rectal ulceration in 1 patient
- retention of urine in 8% of patients treated by high power electrotherapy, 6% of whom needed a catheter once and 2% of whom needed a urinary catheter 2–3 times
- fainting for 10 seconds straight after treatment in 1 patient.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

## Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

## About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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## Accreditation

