

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional procedures consultation document

Superior rectal artery embolisation for haemorrhoids

Haemorrhoids (piles) are enlarged blood vessels inside or around the anal canal (back passage). In this procedure, a tube (catheter) is used to place small coils or particles into blood vessels supplying the area. This blocks them and reduces blood supply to the haemorrhoids. The aim is to shrink them, so relieving symptoms such as pain and bleeding.

The National Institute for Health and Care Excellence (NICE) is looking at superior rectal artery embolisation for haemorrhoids. NICE's interventional procedures advisory committee has considered the evidence and the views of specialist advisers, who are consultants with knowledge of the procedure.

The committee has made draft recommendations and we now want to hear your views. The committee particularly welcomes:

- comments on the draft recommendations
- information about factual inaccuracies
- additional relevant evidence, with references if possible.

This is not our final guidance on this procedure. The recommendations may change after this consultation.

After consultation ends:

- The committee will meet again to consider the original evidence and its draft recommendations in the light of the consultation comments.
- The committee will prepare a second draft, which will be the basis for NICE's guidance on using the procedure in the NHS.

For further details, see the [Interventional Procedures Programme process guide](#).

Through our guidance, we are committed to promoting race and disability equality, equality between men and women, and to eliminating all forms of discrimination. One of the ways we do this is by trying to involve as wide a

range of people and interest groups as possible in developing our interventional procedures guidance. In particular, we encourage people and organisations from groups who might not normally comment on our guidance to do so.

To help us promote equality through our guidance, please consider the following question:

Are there any issues that require special attention in light of NICE's duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people with a characteristic protected by the equalities legislation and others?

Please note that we reserve the right to summarise and edit comments received during consultations or not to publish them at all if in the reasonable opinion of NICE, there are a lot of comments, or if publishing the comments would be unlawful or otherwise inappropriate.

Closing date for comments: 24 May 2018

Target date for publication of guidance: August 2018

1 Draft recommendations

- 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.
- 1.2 Further research should report details of patient selection, 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 3 sources, which was discussed by the committee. The evidence included 3 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.

Committee comments

- 3.4 This guidance does not apply to the emergency treatment of patients presenting with acute rectal bleeding.
- 3.5 The committee was informed that this procedure may be useful when other treatments for haemorrhoids are contraindicated, such as in patients with coagulation disorders.

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