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Technology Appraisal: Stapled haemorrhoidectomy.

The Continence Foundation has found it extremely difficult to obtain patient views of operations for the treatment of haemorrhoids. The problem appears to be that while “piles” may be treated as a joke by comedians and a character in Eastenders, people who have more serious haemorrhoids are reluctant to talk about it, and are even more reluctant to seek treatment. What is stopping them talking about it is an extreme form of the general embarrassment and even shame surrounding the subject of bladder and bowel problems. The reluctance to seek treatment is partly related to this: not wanting to talk even to their GP about the problem – it is unlikely that they would be aware that specialist nurses exist in this field. However, even more of a barrier is people not knowing that treatments might be available that could cure their problem.

Part of the work we have done to feed into our response to this consultation has been to look at the available sources of information for patients about operations to treat haemorrhoids. Our searches produced no information for patients about stapled haemorrhoidectomy itself, except the relevant sections of the websites (here and in the USA) of Ethicon. The information on NHS Direct would deter any patient from asking for an operation since it describes only the older operation (presumably the Milligan-Morgan but it is not named) which “leaves raw areas of the bowel lining” for three to four weeks. Patients are deterred from seeking treatment both by the prospect of a long recovery period, and especially by pain. Other patient information sources such as the BMJ “Best Treatments” site, and patient.co.uk (which is often a very good source of information that could be given out by GPs) give no detail: patient.co.uk does describe rubber band ligation in some detail but has only a brief reference to “an operation to cut away the haemorrhoids” for more serious cases – not an idea that would encourage patients to present.

A posting to the open Forum on our own website produced only one response from someone who was aware of the stapled haemorrhoidectomy operation, but his consultant had not so far recommended an operation. It was significant that the elements which made it possible for this person to consider the operation were the expectation of both a rapid return to work and

the absence of severe pain known to attend upon other operations for the condition. As a result of other enquiries, we did manage to speak to a couple of people who had had the stapled haemorrhoidectomy and were very pleased with the results. One had been operated on by the Milligan-Morgan technique some years ago and had found the post-operative period very painful – and went on to have the stapling procedure after recurrence of the problem. After the stapled haemorrhoidectomy, both patients had been able to return to their normal life style within a few days and neither has had any recurrence of the haemorrhoids since.

On the basis of what we have been able to find out, the Continence Foundation would suggest that the stapled haemorrhoidectomy operation is one that would meet patient expectations (for those meeting the criteria for the operation). We would also suggest that information needs to be made more widely available about the availability of the operation and post-operative experience.

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