Croydon NHS
Primary Care Trust
Clinical Assessment Service

Haemorrhoids

Management

Primary Care management includes

Other diagnoses should be excluded by a careful history and examination.
If symptoms are minor and do not interfere with daily activities conservative treatments such as dietary modifications and symptomatic relief may be suitable.
Bowel management programme: prevent constipation, lose weight, increase exercise and avoid prolonged straining at stool by increasing fibre intake, fibre alternatives e.g. ispaghula husk.
Symptomatic relief can be gained with topical preparations including bland soothing preparations, anaesthetic preparations (lignocaine) for a few days only to avoid sensitization of the skin, anti-inflammatory preparations (corticosteroids) for up to 7 days.
Thombosed haemorroids: analgesia, bed rest and cold compresses or warm baths relieve symptoms in those with mild to moderate discomfort.

Specialist management includes

If symptoms are severe, particiularly profuse bleeding, extreme pain, or severely affected daily living then secondary care surgical therapies are necessary.

When to refer

Urgent out-patient referral [liaise with specialist and copy to CAS]

- profuse bleeding
- extreme pain
- severe thombosed haemorrhoids
- diagnostic uncertainty

Refer to CAS

- Persistent bleeding
- Severe prolapse
- Haemorrhoids affecting daily living

Haemorrhoids in pregnancy ususally resolve after the baby is born reassessment for referral may be necessary if they persist after the delivery.

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.