

CLINICAL REFERRAL GUIDELINES FOR ADULT PERSONAL DOCTORS

Haemorrhoids

Referral to a Specialist for Haemorrhoids to a Gastroenterology or/and a Surgery

Refer patients for an appointment within two weeks for suspected cancer of the lower GI pathway if they meet the following criteria:

- They are aged 40 and over with unexplained weight loss and abdominal pain **or**
- They are aged 50 and over with unexplained rectal bleeding **or**
- They are aged 60 and over with:
 - Iron deficiency anaemia **or**
 - Changes in their bowel habit, **or**
- Tests show occult blood in their faeces.

You should consider a suspected cancer pathway referral for colorectal cancer in adults:

- With a rectal or abdominal mass
 - Who are aged under 50 with rectal bleeding and any of the following unexplained symptoms or findings:
 - Abdominal pain
 - Change in bowel habit
 - Weight loss
 - Iron deficiency anaemia.

International guidelines recommend that a quantitative faecal immunochemical test (FIT) be offered in primary care to assess for colorectal cancer in adults without rectal bleeding who

- Are aged 50 and over with unexplained:
 - Abdominal pain **or**
 - Weight loss, **or**
- Are aged under 60 with:
 - Changes in their bowel habit, **or**
 - Iron deficiency anaemia, **or**
- **Are aged 60 and over and have anaemia even in the absence of iron deficiency.**

When should I refer my patient?

In some circumstances you may need to consider admitting patients who present with haemorrhoids; this would be recommended in the following circumstances:

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- If your patient has very painful and acutely thrombosed external haemorrhoids and it is within 72 hours of onset, as these may need to be reduced or excised
 - If internal haemorrhoids have prolapsed, or become swollen, incarcerated, and thrombosed
 - If there are signs of perianal sepsis such as increasing pain, systemic upset, or offensive discharge; this has the potential to be life-threatening.

Non-urgent referral would be recommended for:

- Patients with symptomatic grade 3 or 4 haemorrhoids, or with acutely strangulated haemorrhoids
- Combined internal and external haemorrhoids where symptoms are severe
- Thrombosed haemorrhoids with problematic bleeding, irritation, or leakage
- First or second-degree haemorrhoids where conservative treatment has been unsuccessful
- Patients with recurrent symptoms who have not responded to conservative management.

References

<https://www.enhertscg.nhs.uk/sites/default/files/pathways/Management%20of%20Haemorrhoids.pdf>