

1 **BNFC - Haemorrhoids**

2 ***Description of condition or physiological state***

3 Haemorrhoids, or piles, are abnormal swellings of the vascular mucosal anal cushions around
4 the anus. Internal haemorrhoids arise above the dentate line and are usually painless unless
5 they become strangulated. External haemorrhoids originate below the dentate line and can
6 be itchy or painful. Haemorrhoids in children are rare but may occur in infants with portal
7 hypertension.

8 ***Aims of treatment***

9 The aims of treatment are to reduce the symptoms (pain, bleeding and swelling), promote
10 healing, and prevent recurrence.

11 ***Treatment***

12 Stools should be kept soft and easy to pass (to minimise straining) by increasing dietary fibre [E]
13 and fluid intake. Advice about perianal hygiene may be helpful to aid healing and reduce
14 irritation and itching.

15 If constipation is present, it should be treated, see Constipation. [E]

16 A simple analgesic, such as paracetamol, can be used for pain relief. NSAIDs should be avoided [E]
17 if rectal bleeding is present.

18 Symptomatic treatment with a locally applied preparation is appropriate for short periods. [E]
19 Preparations containing local anaesthetics (lidocaine, cinchocaine, and pramocaine
20 [unlicensed]) should only be used for a few days as they may cause sensitisation of the anal
21 skin. Local anaesthetic ointments can be absorbed through the rectal mucosa (with a
22 theoretical risk of systemic effects) and very rarely may cause increased irritation; excessive
23 application should be **avoided** in infants and children.

24 Topical preparations combining corticosteroids with local anaesthetics and soothing agents [E]
25 are available for the management of haemorrhoids. Long-term use of corticosteroid creams
26 can cause ulceration and permanent damage due to thinning of the perianal skin and should
27 be avoided. Continuous or excessive use carries a risk of adrenal suppression and systemic
28 corticosteroid effects (particularly in infants).

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29 Topical preparations containing corticosteroids must not be used if infection is present (such [E]
30 as perianal streptococcal infection, herpes simplex or perianal thrush).

31 Recurrent symptoms, should be referred to secondary care for further investigation and [E]
32 management.

BNF Publications Evidence Grading system

Grades of recommendation

Grade	Strength	Evidence type
A	High	NICE-accredited guidelines Other guidelines that pass AGREE II assessment At least one meta-analysis, systematic review, or RCT rated as 1++, and directly applicable to the target population; <i>or</i> A body of evidence consisting principally of studies rated as 1+, directly applicable to the target population, and demonstrating overall consistency of results
B	Moderate	A body of evidence including studies rated as 2++, directly applicable to the target population, and demonstrating overall consistency of results; <i>or</i> Extrapolated evidence from studies rated as 1++ or 1+
C	Low	A body of evidence including studies rated as 2+, directly applicable to the target population and demonstrating overall consistency of results; <i>or</i> Extrapolated evidence from studies rated as 2++
D	Very low	Evidence level or 3; <i>or</i> Extrapolated evidence from studies rated as 2+ <i>or</i> Tertiary reference source created by a transparent, defined methodology, where basis for recommendation clear
E	Practice point	Evidence level 4

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Levels of Evidence

Level	Type of study
1++	High quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias
1+	Well-conducted meta-analyses, systematic reviews, or RCTs with a low risk of bias
1-	Meta-analyses, systematic reviews, or RCTs with a high risk of bias
2++	High quality systematic reviews of case control or cohort or studies High quality case control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal
2+	Well-conducted case control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal
2-	Case control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal
3	Non-analytic studies, e.g. case reports, case series
4	Expert advice or clinical experience from respected authorities

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