

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).

Page 1 of 3

You acknowledge that:

- The draft text presented above is provisional and may/may not constitute the BNF's published content, which may change after consultation, and accordingly you place no reliance on its content.
- In accordance with the terms of website use [[www.bnf.org/terms-and-conditions](http://www.bnf.org/terms-and-conditions)] any comments above are not ours and we have no responsibility to check or to monitor the accuracy of their content. Where you encounter a comment which you consider, acting in good faith, would breach the above undertakings, you will contact us on: [consultations@bnf.org](mailto:consultations@bnf.org)

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**

<b>Grade</b>	<b>Strength</b>	<b>Evidence type</b>
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

You acknowledge that:

- The draft text presented above is provisional and may/may not constitute the BNF's published content, which may change after consultation, and accordingly you place no reliance on its content.
- In accordance with the terms of website use [[www.bnf.org/terms-and-conditions](http://www.bnf.org/terms-and-conditions)] any comments above are not ours and we have no responsibility to check or to monitor the accuracy of their content. Where you encounter a comment which you consider, acting in good faith, would breach the above undertakings, you will contact us on: [consultations@bnf.org](mailto:consultations@bnf.org)

## 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

You acknowledge that:

- The draft text presented above is provisional and may/may not constitute the BNF's published content, which may change after consultation, and accordingly you place no reliance on its content.
- In accordance with the terms of website use [[www.bnf.org/terms-and-conditions](http://www.bnf.org/terms-and-conditions)] any comments above are not ours and we have no responsibility to check or to monitor the accuracy of their content. Where you encounter a comment which you consider, acting in good faith, would breach the above undertakings, you will contact us on: [consultations@bnf.org](mailto:consultations@bnf.org)