

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Haemorrhoidectomy

Instructions for use:

Please refer to policy for full details.

Primary Care clinicians need to complete the checklist and submit with referral via eRS /
 Secondary Care complete the checklist and file for future compliance audit.

The SY ICB will only fund haemorrhoidectomy when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets one or more of the following criteria.</i>	Delete as appropriate	
Recurrent third or fourth degree combined external/internal haemorrhoids with persistent pain or bleeding OR	Yes	No
Irreducible and large haemorrhoids with frequently reoccurring, persistent pain or bleeding OR	Yes	No
Failed conservative treatment (including non-operative interventions: rubber band ligation, injection sclerotherapy, infrared coagulation/photocoagulation, bipolar diathermy and direct-current electrotherapy.)	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the SY ICB's Individual Funding Request policy for further information. . If patient meets the above criteria then prior approval is not required.*