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RECOMMENDATIONS

Guidelines for the treatment of hemorrhoids (short report)☆

T. Higuero[a,*], L. Abramowitz[b,c], A. Castinel[d], N. Fathallah[e], P. Hemery[f], C. Laclotte Duhoux[g], F. Pigot[h], H. Pillant-Le Moult[e], A. Senéjoux[i], L. Siproudhis[j], G. Staumont[k], J.M. Suduca[k], B. Vinson-Bonnet[l]

[a] *11, boulevard du général Leclerc, 06240 Beausoleil, France*
[b] *Unité de proctologie médico-chirurgicale, hôpital Bichat, 46, rue Henri-Huchard, 75018 Paris, France*
[c] *95, rue de Passy, 75016 Paris, France*
[d] *43, bis rue de Strasbourg, 33000 Bordeaux, France*
[e] *Institut de proctologie Léopold-Bellan, hôpital Saint-Joseph, 185, rue Raymond-Losserand, 75014 Paris, France*
[f] *5, rue Marceau, 44000 Nantes, France*
[g] *43 bis, rue de Strasbourg, 33000 Bordeaux, France*
[h] *Hôpital Bagatelle, 203, route de Toulouse, BP 50048, 33401 Talence cedex, France*
[i] *CHP Rennes Saint-Grégoire, 6, boulevard de la Boutière, 35760 Saint-Grégoire, France*
[j] *Service de gastroentérologie, CHU Pontchaillou, 35033 Rennes cedex 9, France*
[k] *Clinique St.-Jean Languedoc, 20, route de Revel, Cs 37707, 31077 Toulouse cedex 4, France*
[l] *Service de chirurgie digestive, centre hospitalier inter-communal de Poissy Saint-Germain-en-Laye, 10, rue du Champ-Gaillard, BP 73082, 78303 Poissy cedex, France*

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Summary Hemorrhoids are a common medical problem that is often considered as benign. The French Society of Colo-Proctology (*Société nationale française de colo-proctologie* [SNFCP]) recently revised its recommendations for the management of hemorrhoids (last issued in 2001), based on the literature and consensual expert opinion. We present a short report of these recommendations. Briefly, medical treatment, including dietary fiber, should always be proposed in first intention and instrumental treatment only if medical treatment fails, except in grade ≥ III prolapse. Surgery should be the last resort, and the patient well informed of the surgical alternatives, including the possibility of elective ambulatory surgery, if appropriate. Postoperative pain should be prevented by the systematic implementation of a pudendal block and multimodal use of analgesics.

☆ Statement: the French Society of Colo-Proctology presents updated guidelines for the management of hemorrhoids, last issued in 2001.

* Corresponding author.
E-mail address: docteur@higuero-gastro.com (T. Higuero).

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Introduction

The French Society of Colo-Proctology (*Société nationale française de colo-proctologie* [SNFCP]) recently (2014) reviewed and updated its recommendations for the management of hemorrhoids.

Methodology

We followed the methodology for preparing guidelines of the French Health Authorities (*Haute Autorité de santé* [HAS]) that specifies grades of recommendation based on the scientific level of evidence provided by the literature:

- grade A: scientific evidence obtained from level of evidence 1 in the literature (properly designed high power randomized controlled trials (RCTs), meta-analyzes of RCTs and decision analyzes);
- grade B: scientific presumption from a level of evidence of the literature (RCTs of low power, non-randomized comparative studies and well-conducted cohort studies);
- grade C: low level of evidence from level of evidence 3 or 4 of the literature (comparative studies with considerable bias, retrospective studies and case series).

In the absence of data in the literature, proposals for recommendation were submitted to the opinion of all the members of the SNFCP with a numeric grading system from level 1 to 9. Taking into account all the answers, consensual professional opinions could be determined and named expert agreement (EA). For some assertions, in the absence of scientific proof, the author's opinion was named ''expert opinion''.

Medical treatment of hemorrhoids

Hemorrhoids are a benign condition with non-specific symptoms. Therefore, a clinical examination is necessary for diagnosis. The goal of medical treatment is to relieve the symptoms.

General principles

They are as follows:

- localized topical treatments (suppositories, creams or ointments) combining, to varying degrees, locally applied corticosteroids, anesthetics, lubricants, protectors and veinotonics;
- modifiers of intestinal transit that are intended to regulate the consistency or frequency of stools (dietary fiber, osmotic laxatives, mucilage, agents that slow transit);
- phlebotonics including diosmin, troxerutin, derivatives of *Ginkgo biloba*, and hydroxy-ethylrutosides;
- Non-steroidal anti-inflammatory drugs (NSAIDs) that act on pain and inflammation, peripheral and central analgesics for pain and corticosteroids for the inflammation.

Results and recommendations

In the short term, topical treatments improve symptoms [1] (level 2). However, their long-term benefit has not been demonstrated. It is recommended to prescribe them for acute manifestations of hemorrhoids (level 2) (grade B).

Dietary fiber (in food or as mucilage) halves bleeding and the recurrence of symptoms [2,3] (level 2). Its use is recommended in the treatment of acute episodes and to prevent recurrence (level 2) (grade B).

Phlebotonics are effective for acute symptoms of internal hemorrhoidal disease [4] (level 1). They reduce the risk of recurrence of symptoms at 6 months. It is recommended to prescribe them for short-term use in cases of acute manifestations of hemorrhoidals (bleeding and pain) (level 1) (grade A). However, the effectiveness of this therapeutic class may be overestimated by the absence of publications on negative trials (gray area).

There are no scientific data evaluating NSAIDs, cortisone and its derivatives, or central and peripheral analgesics for the treatment of hemorrhoids. Nevertheless, it is recommended to prescribe them for pain due to thrombosed hemorrhoids (strong expert agreement EA1).

Despite the lack of published data, co-prescription is common in practice. For thrombosed hemorrhoids, it is recommended to propose a treatment containing NSAIDs, analgesics, regulators of transit, topical preparations and phlebotonics. In cases of internal hemorrhoids, it is recommended to provide a treatment that includes regulators of transit, topical preparations and phlebotonics. NSAIDs and analgesics may be added for pain (strong expert agreement EA2).

Topical preparations [1] and phlebotonics [4] are well tolerated (level 2).

Special cases

In cases involving anal fissure, a combination of topical treatment and laxatives can be used to treat both conditions. For anal suppuration and inflammatory bowel disease, their treatment should take priority over that of hemorrhoids.

In pregnant and postpartum women, regulation of intestinal transit can reduce the risk of developing hemorrhoids. CRAT (the Reference Center for Teratogenic Agents) (www.lecrat.org) allows the use of topical treatments, laxatives, paracetamol and phlebotonics for hemorrhoids in pregnant or lactating women. However, one should consult the up-to-date CRAT data before prescribing NSAIDs, corticosteroids or analgesics. For NSAIDs, corticosteroids, and analgesics, it is necessary to refer to the up-to-date CRAT data. In children, local treatments and laxatives may be prescribed and NSAIDs in cases of thrombosed hemorrhoids.

There is no need to modify the local or general medical treatment of hemorrhoids when introducing antiplatelet or immunosuppressive drugs. The rules for the use of NSAIDs should be followed.

Instrumental treatment of hemorrhoids

The term instrumental treatment includes physical methods of treating internal hemorrhoids that cause rectal bleeding or reducible prolapse, in an office-based procedure. Thrombosed hemorrhoids, external and/or internal, are not an indication for instrumental treatment.

General principles

The common principle is to induce fibrotic scarring at the apex of the internal hemorrhoidal plexus. Whatever the technique used, one must privilege single-use devices; when used, reusable equipment must be sterilized after each use according to standard procedures.