Appendix

Reviewers' comments

From: Tomas Poškus,

Thank you very much for your effort and excellent work in compiling these important guidelines for such a common problem. However, I would like to point out, that guidelines serve not only as a systematic review of the topic, but also as our society's endorsement of one or another technique.

Current version of the guideline says that "Stapled haemorrhoidopexy could be used in patients with grade II-III haemorrhoids and/or in patients who are refractory to outpatient procedures (low level of evidence)".

However, there are well documented instances of severe and life-threatening complications, associated with stapled hemorrhoidopexy (they are mentioned withtin the guideline). Tenesmus, described in significant number of patients after stapled procedure is well reported in several trials and meta-analyses, and, once occurs, is persistent and difficult to treat. Up to 38 percent of patients 12 years after stapled hemorrhoidoplexy procedure are reporting tenesmus [1]. Fecal incontinence in the same population is reported to be 39%.

I would urge guidelines committee to add a cautionary note to the use and especially to new introduction of stapled hemorrhoidopexy to colorectal practices, that are currently not using it based on immediate and long-term patient safety concerns.

We thank the reviewer for this comment and we agree with the reviewer. The complications of stapled haemorrhoidopexy (SH) are well known. The guideline developing group choose to mention the specific complications of each intervention in a separate chapter. For the SH the complications are extensively described at page 48.

In our flow diagram the SH is indicated as third option for grade III haemorrhoids and as second option for grade IV haemorrhoids.

Based on literature the guideline developing group did not change the recommendations of using SH but we added a sentence in the complication part of SH.

From: Steven Brown

Can I congratulate the guidelines committee on the recent guidelines. They are very extensive and well worked through. I have just a couple of comments.

1. There is no obvious discussion of the generic drawbacks of the published data. The lack of validated scoring systems and the huge variability in outcome measures as illustrated by Van Tol. This really distracts from the meaningful data that can be extrapolated from these guidelines. A section on how this could be improved for the future ie future areas for research would be welcome and it is pertinent guidance if the quality of guidance is to be improved in future updates. You have the expertise to do this on your committee.

We thank the reviewer for this comment. We choose to add this section in the discussion of the paper which will be a short version of the guideline. This manuscript will be published separately in Colorectal Disease.

2. The economic data is mentioned but there is minimal discussion or guidance. This also is important I think, with more and more innovation clouding what is actually cost effective for society. It influences what we can offer, certainly in the UK, and there is good data out there as you have shown.

We thank the reviewer for this comment. Unfortunately, the financial reimbursement for HD is different for each country. Therefore, it is difficult to indicate what the best option is per country. The guideline development group choose to give an overview of the published economic data. We will address this topic in the discussion section of the paper which will be published in Colorectal Disease.

These points perhaps link into the justification for this guidance and make it exceptional when you consider there have been 4 other international guidelines produced in the last 10 years. What makes the escp's so different?

We thank the reviewer for this comment. Only several national guidelines have been published recently, including the American Society of Colon and Rectal Surgeons guideline [1], the French HD guideline [2] and the Italian HD guideline [3]. The overall methodology quality of these guidelines for HD is not always optimal. I.e. in most guidelines, the review questions and methods for formulating their recommendations are not reported. The ESCP guideline for treatment of HD is the first international high quality guideline in which the AGREE II checklist is rigorously followed and can be used in the European setting.

From: Neil Smart

Overall the guidelines are good and there is little I disagree with, except the stapled haemorrhoidectomy aspect, which I think needs to be contextualised in terms of patient safety. I'd also recommend PPI involvement at GDG level in future, their views would be most illuminating.

We thank the reviewer for this comment. We addressed this topic by adding a sentence in the guideline which indicates that there is a current debate regarding the safety of SH (see also discussion above).

We agree that patient involvement is very important in developing guidelines. For the coming update which is planned within 3 years a patient will be member of the guideline development group. Meanwhile we have asked, Dutch, British, German, Italian and French patients to read the guideline in its final concept and asked them for feedback.
In general, they did not have substantial comments to change the guideline.
A separate patient information chapter describing the different techniques, including pictures, will be added to the current guideline.

1. Davis, B.R., et al., *The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Management of Hemorrhoids.* Dis Colon Rectum, 2018. **61**(3): p. 284-292.
2. Higuero, T., et al., *Guidelines for the treatment of hemorrhoids (short report).* J Visc Surg, 2016. **153**(3): p. 213-8.
3. Trompetto, M., et al., *Evaluation and management of hemorrhoids: Italian society of colorectal surgery (SICCR) consensus statement.* Tech Coloproctol, 2015. **19**(10): p. 567-75.