

What are the current recommendations for the management of haemorrhoids as given from guidelines, consensus statements and quality standards? Protocol for a systematic review.

Contact

Dr Daniel Hind
d.hind@sheffield.ac.uk
University of Sheffield

Ms Haushala Thapa Magar
hthapamagar1@sheffield.ac.uk
University of Sheffield

Mr Adeeb Chaudry
achaudry1@sheffield.ac.uk
University of Sheffield

Prof Steve Brown
steven.brown13@nhs.net
Sheffield Teaching Hospitals and University of Sheffield

Contributions of Protocol Authors

SB conceived the review. SB and DH designed the review. HTM, and AC will be primarily responsible for the acquisition of the data.

SB, DH, HTM and AC drafted the protocol and revised it critically for important intellectual content.

SB, CG, DH and AC gave final approval of the version to be published.

SB, DH agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Guarantor of the review

Daniel Hind.

INTRODUCTION

There are a number of national and international guidelines on the management of haemorrhoids. Recommendations are not always consistent. An overview is required to show points of disparity between, and assess the quality of, these guidelines.

Aim

The aim of this review is to summarise current recommendations for the management of haemorrhoids as given in guidelines, consensus statements and quality standards.

Specific Objectives

Critical appraisal of current guidelines using the AGREE II tool.

Tabular and textual summaries of current recommendations for the management of haemorrhoids .

METHODS

Eligibility Criteria

The systematic review will be looking at the available guidance, including guidelines (as defined by the Institute of Medicine), consensus statements (as defined by the Clinical Consensus Development Manual) and quality standards (as defined by NICE) for the management of haemorrhoids. Guidelines which do not focus on haemorrhoids but, for example mention haemorrhoids as a cause of another condition, will be excluded. Expert reviews will be excluded. For a guideline to be eligible for inclusion, the year of publication must be between 2011 and 2021, as practice and evidence has changed considerably in the last fifteen years. Other forms of recommendations such as quality indicators will not be included, nor will guidance published in any other language than English. Other publication types, such as abstracts will be excluded. Only the most up to date version of each guideline will be included.

Information Sources

British Educational Index and the Education Resources Information Center (ERIC) via EBSCO, as well as MEDLINE via Ovid. We will not attach a date restriction to our searches

Search Strategy

A search of the electronic databases EMBASE (1974 until present through Ovid), MEDLINE (1946 until present through Ovid), PsycINFO (1806 to present through Ovid) and CINAHL (1976 to present through EBSCO) will be conducted. The search strategy will include terms relating to haemorrhoids, guidelines, quality statements, and service recommendations. The

search strategy is a combination of keywords, subject headings and text words, tailored to each database or repository.

Additionally, a search will be conducted of guideline networks and repositories, including Guidelines International Network, CPG InfoBase, The Scottish Intercollegiate Guideline Network. The first 80 pages of Google Scholar will be searched.[1]

Data collection and management

Guidelines will be selected through title and abstract screening for inclusion into the review against eligibility criteria. Where the abstract is unavailable, the full text will be obtained and screened against the eligibility criteria. This will be done by three reviewers.

Data will be extracted by one reviewer, with oversight from a clinical specialist. Descriptive data about the guidance (country of publication, affiliated organisation, topic) will be extracted. All recommendations about the care of people with haemorrhoids will be extracted.

Selection Process

Two reviewers will screen the title and abstracts of the studies collected according to the eligibility criteria. Two reviewers will review the full text of the studies that were deemed eligible at the abstract and title stage and select those eligible for inclusion in the analysis according to the eligibility criteria. Two reviewers will extract data from the studies eligible for analysis. We will present a PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow-chart of our study selection process.[2]

Data items (other than AGREE II items)

Organisation

Country

Clinical Area (e.g. multiple, surgery, diet)

Recommendations, classified under diet therapy, drug therapy, nursing, radiotherapy, rehabilitation, surgery, other therapy.

Risk of bias in individual studies

The risk of bias will be assessed using the AGREE II instrument,[3] which appraises the quality of guidance on the domains of scope and purpose, stakeholder involvement and rigour of the development process, clarity and presentation of the guidelines, applicability, and editorial independence. This will be conducted independently by two reviewers. An average score for each domain will be generated. The quality assessment of the guidance will be used to establish whether there are differences in the quality of the guidance for haemorrhoids.

Synthesis

A narrative synthesis is planned, discussing the content of the recommendations given by guidance about the services for the care and support of people with haemorrhoids. The data will not be synthesised using a framework, as it is not clear whether recommendations would fit a structure such as a framework.

The quality of the guidance making these recommendations will also be discussed, as assessed through use of the AGREE II instrument.

1. Haddaway NR, Collins AM, Coughlin D, Kirk S. The Role of Google Scholar in Evidence Reviews and Its Applicability to Grey Literature Searching. Wray KB, editor. PLoS One. 2015;10: e0138237.
2. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Med. 2009;6: e1000097.
3. Brouwers MC, Kho M, Browman GP, Burgers JS, Cluzeau F, Feder G, et al. APPRAISAL OF GUIDELINES FOR RESEARCH & EVALUATION II: AGREE II INSTRUMENT. Update December 2017. Ottawa: Canadian Institutes of Health Research; 2017.