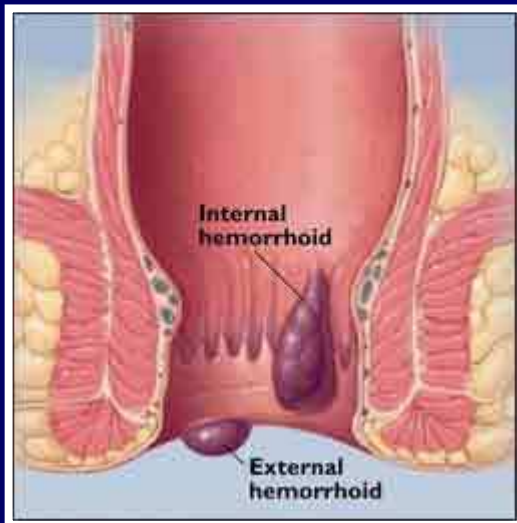


Haemorrhoids

Current concepts in management

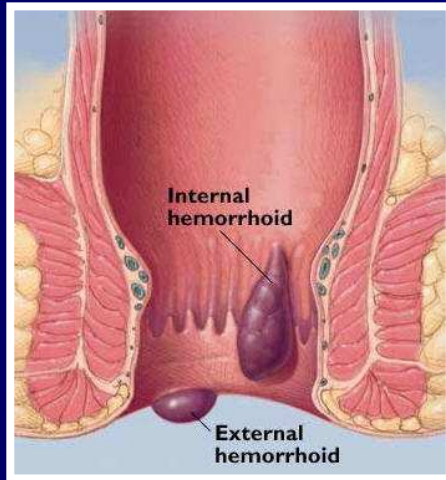


Mr. A. Natarajan
Mr. P.J. Arumugam
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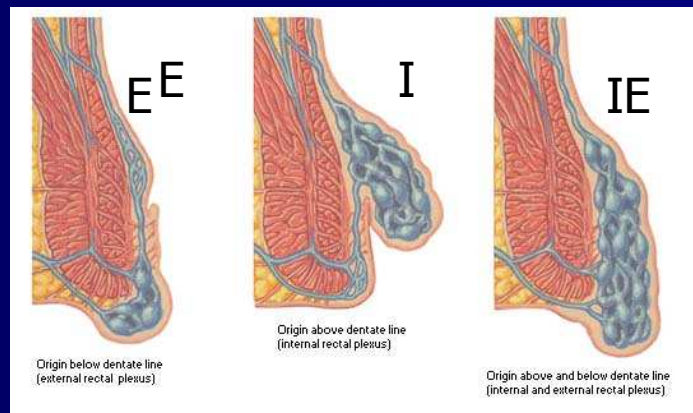
Introduction

- Haemorrhoids are the normal angio-cavernous connective tissue cushions present in utero into adult life.
- 'Haemorrhoids' usually relates to symptoms.
- Bleeding is arterial than venous.
- By the age of 50 = half the population.
- Treat only when symptomatic. depends on
 - history
 - symptoms
 - findings
 - associated conditions

Classification



- Grade - I : bleeds
- Grade - II : bleed and prolapse spontaneous reduction.
- Grade - III : bleeds, prolapse manual reduction.
- Grade - IV : non reducible.



- Internal : above dentate line, columnar epi, painless
- External: below dentate line, squamous epi, innervated
- Interno-external

- 59 year old male.
- Habitual constipation.
- Intermittent bleeding per rectum 10/52
- No loss of weight, app. No family history

Abdominal examination: NAD

Proctoscopy: G-II haemorrhoids.

What next ?

- 35 year old male.
- Bright red blood per rectum.
- Fit and healthy

Abdominal examination: NAD

Proctoscopy: G-II haemorrhoids.

What next ?

Investigation

- History, Examination.
- Rectal Examination, Proctoscopy.
- Sigmoidoscopy: Rigid, Flexible.
- Barium Enema.
- Colonoscopy.

Flexible Sigmoidoscopy

- Ideal in one stop rectal bleed clinic. > 50yrs
- single FS screen (55-64) years is cost-effective
- could prevent about 5500 colorectal cancer cases and 3500 deaths in the UK each year

Atkin WS. St. Mark's. London 1993-2003

- 1052 pts: rectal bleed. No complications
- Diagnostic yield: 21.1% Cancer 1.2% Polyps 7.7%

Choi et al HKMJ 2003;9:171-4.

Differential Diagnosis

- ❖ Rectal polyps
- ❖ Solitary rectal ulcer
- ❖ Anal canal cancer
- ❖ Rectal tumour
- ❖ Colitis
- ❖ Prolapse
- ❖ Peri-anal Crohn's

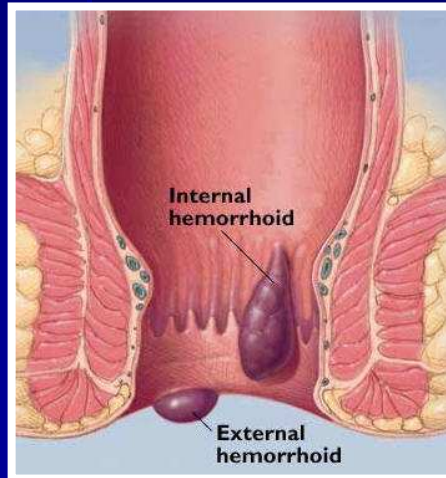
Treatment

- Medical therapy.
- Non-operative techniques
 - Sclerotherapy
 - Band Ligation
 - Photocoagulation
 - Cryofreeze therapy
 - Bipolar coagulation
 - H.A.L.O therapy
 - Haemorrhoidolysis
- Operative techniques
 - Stapled haemorrhoidopexy
 - Closed haemorrhoidectomy
 - Open haemorrhoidectomy

Sclerotherapy



- Injection of sclerosant 1-2 mls Oily Phenol into the submucosa
- Suitable for I & II grade hemorrhoids
- 2-3 procedures
- More effective in combination with banding



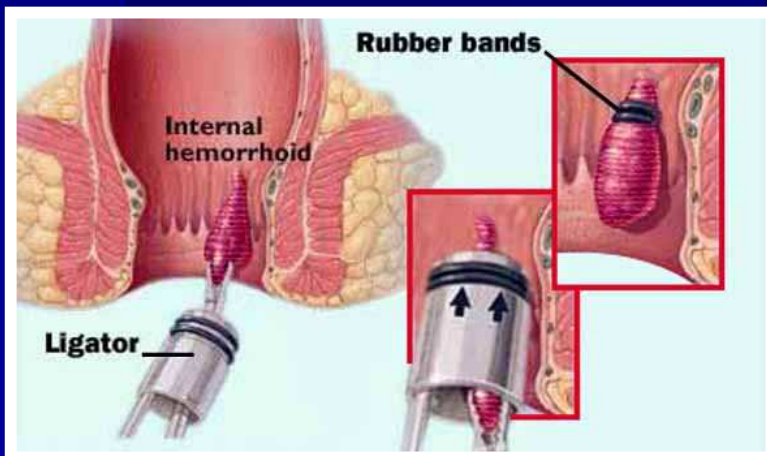
- Complications

bleeding
painful burning
allergic reaction
mucosal sloughing
sepsis
incontinence
prostatitis

Rubber Band Ligation



- Tight band at the apex
- Better than sclerotherapy
- Suitable Grade-II and III piles
- Complications
 - pain
 - bleeding
 - urinary retention
 - sepsis
- Baron's ligator
- St. Mark's (Seward) Applicator
- 500 cases (G-II- 255, G- III-218, G- IV-27)
 - RBL- 24 months. 88 % success
 - 18.8 % complications (pain,bleed)
 - Recurrence 11.9%.



Suction band Ligation



- O'Regan disposable banding system

1852 cases (2002-2004)

G-I-53 G-II-1527

G-III- 143 G-IV-129

Bleed:8, Thrombosis:5,Pain:3

Cleator IGM. US Gastro review 2005



- Banding + Sclerotherapy

Grade- II-255 pts. 4 years

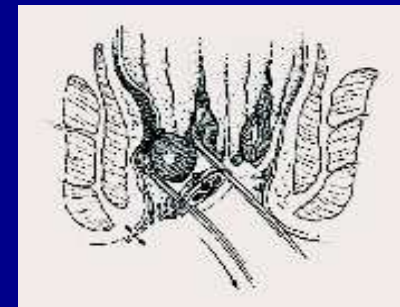
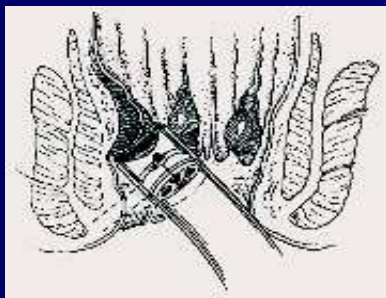
More cases symptom free

Less number of II procedure

Kanellos etal.Colorectal Dis2003;5:133-8

Retroflexed endoscopic band Ligation

Stiegmann-Goff™ Bandito™ Endoscopic Ligator



HALO Therapy



Haemorrhoidal Arterial Ligation Operation

- Proctoscope with Doppler probe
- 32 cases G-III, G-IV piles
- 4-7 arteries located & ligated
- 18-43 minutes
- Complications
 - anal discomfort
 - bleed
 - tenesmus
- Follow-up: 12 months
 - Symptom free :19
 - Good relief :06
 - Failure :07 (4:Grade-IV)
- Super selective embolisation of Superior rectal artery

Sutureless closed haemorrhoidectomy



Use of Ligasure vessel seal

- Ligasure Vs Ferguson hemorrhoidectomy
- RCT. 61 pts
- Decrease in operative time
- Pain score
- Complications, wound healing, time off work - Same.

Chug et al. Dis colon Rectum 2003;46:87-92.

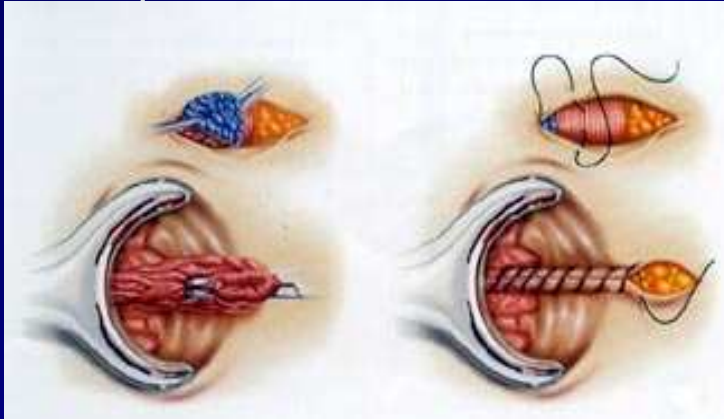
Use of Harmonic scalpel

- Ligasure Vs Harmonic scalpel hemorrhoidectomy
- RCT 49 cases
- Operative time, pain score less
- Hospital stay, complications, return to work - Same.

Kwok et al Dis colon Rectum 2005;48:344-8.



Closed haemorrhoidectomy :Ferguson



Surgical technique used widely in the US

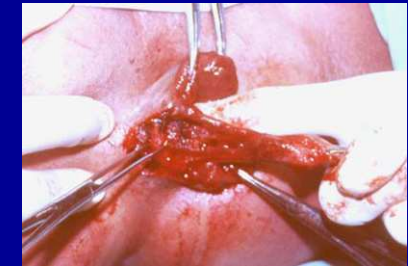
514 cases. mean follow-up 4.7 years (403pts)

- Urinary retention:3%
- Re-op bleeding:0.4%
- Mortality: 0%
- Complete relief:67.4%
- Significant:27.2%
- Unchanged/worse:5.4%
- Mod-severe soiling: 7%
- Re-operation:0.8%

Guenin et al Dis colon Rectum 2005.

Open haemorrhoidectomy

- Milligan & Morgan technique
- St. Mark's diathermy technique
- Conventional open technique.
- More pain
- Longer hospitalisation
- Delayed return to work
- Increased incontinence
- Less recurrence rates



Images from Dr. M. Pinho, Joinville, Brazil http://www.proctosite.com/imagens/hemorroida/ihemo_foto8.htm

Conclusions

- Rectal bleed attributed to haemorrhoids may not be true in all cases.
- Sclerotherapy +/- band ligation can be effectively used in symptomatic early internal haemorrhoids.
- Surgical management should be reserved for selected Grade-III/IV piles or failure of non-operative techniques.
- Stapled hemorrhoidectomy yields good results in Grade-II/III piles but as a learning curve.