Haemorrhoids

Stapled haemorrhoidopexy

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Stapled haemorrhoidopexy : PPH

Procedure for prolapse and piles. Longo’s technique

Circular Stapler  Transparent anoscope  Purse string suture
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**
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Indications
Grade II - III symptomatic haemorrhoids

Contra-indications.
- anal sepsis & fisutale.
- anal stenosis. Full thickness prolapse.

Benefits
- less painful
- Early return to normal activities
- shorter inpatient stay

Complications
- damage to the rectal wall, vagina.
- sphincter stretch, dysfunction.
- pelvic sepsis. pain and faecal urgency.
Stapled haemorrhoidopexy : PPH

SH/PPH vs Ferguson hemorrhiodectomy.
RCT 117 cases (59 vs 58). One year follow-up.
PPH: less post-operative pain, less analgesia.
Adverse events: 36.4% vs 48.1%
Number of II intervention: 2.6% vs 13.9%.

PPH meta analysis.
15 RCTs. 1077 pts. follow-up 6 wks-37 months
shorter op time, hospital stay, return to work.
higher recurrence rate. unique complication.
SH may be offered as a less painful option.

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 hemorrhhoidepexy yields good results in Grade-II/III piles but as a learning curve.