



Non invasive surgical treatment of grade IV haemorrhoids : a 4- years experience in Maillot Hospital

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Abstract:

Controversy still swirls around surgical treatment for hemorrhoids. The Doppler-guided hemorrhoidal artery ligation associated to transanal open hemorrhoidopexy is a concept different from the excision and destruction techniques from last years .

Methods :

A retrospective review of prospectively maintained database on consecutive patients who had undergone Doppler-guided hemorrhoidal artery ligation with transanal hemorrhoidopexy over a 4- years period was performed.

Data were collected on demographics, operative data, complications, recurrences and readmissions, postoperative pain and further interventions.

Patient perceptions and satisfaction with the procedure were assessed with a telephone survey.

Results:

A total of 120 patients with mean age of 55 years (+/-14) affected by grade III (93, 77%) , IV (27, 22%) symptomatic haemorrhoidal disease. Indication for surgery were predominantly bleeding (87%) and prolapse (41%)



Mean outpatients follow-up was 42 days. Median operating time was 45 min (+/- 12). Twenty-four per cent of patients suffered complications, including postoperative bleeding (7%), constipation (7%), local sepsis (6%), anal fissure (5%), and temporary incontinence (2%).

Severe postoperative pain occurred in 16% of patients. The symptom recurrence rate was 19% and fifteen patients (12%) needed reintervention. About 98% of patients reported good or excellent overall satisfaction with the procedure.

Conclusion:

Doppler-guided artery ligation is safe and effective therapy for haemorrhoidal disease. This method is not only respecting, but can also repair anal anatomy by using haemorrhoidopexy for grade III and IV haemorrhoids

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