Treatment of haemorrhoids

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Colorectal and General Surgeon

Auckland

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- Much overlap of haemorrhoidal symptoms with other conditions
- *Is it just the haemorrhoids?*
- *what 'type' of haemorrhoidal problem is it?*

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Presentation

- Rectal outlet bleeding
- Lumps
- Mucus discharge
- Itch
- Difficulty getting clean
- Pain
- 'constipation'
  - Straining
  - Incomplete evacuation
  - Blockage
- Faecal incontinence
- 'Rectal prolapse'

On rectal bleeding…

- Outlet
  - Bright red
    - During/after BM
    - On paper/in bowl
  - No change of bowel habit
  - No personal/family history neoplasia

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On rectal bleeding…

- Suspicious
  - Dark red
  - Mixed with stool
  - Assoc with change of BH or passage of mucus
  - Personal/family history neoplasia

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On rectal bleeding…

- Haemorrhage
  - Large volume needing
    - hospital admission
    - Transfusion RBCs

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On rectal bleeding…

- Occult
  - PRB and anaemia
  - +ve FOB

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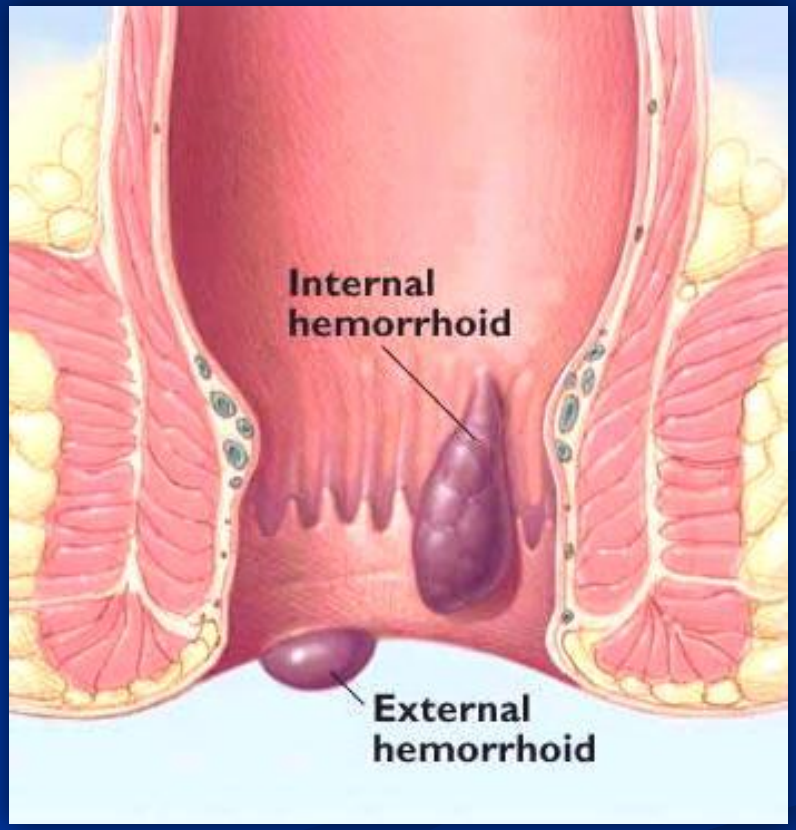
Relevant previous history

- increasing age
- pregnancy and childbirth
- chronic constipation
- chronic diarrhoea
- family history
- previous perianal surgery
- (cirrhosis)

Pathophysiology

- ~~'varicose vein' theory~~
- ~~'Vascular hyperplasia' theory~~
- 'Sliding anal lining' theory



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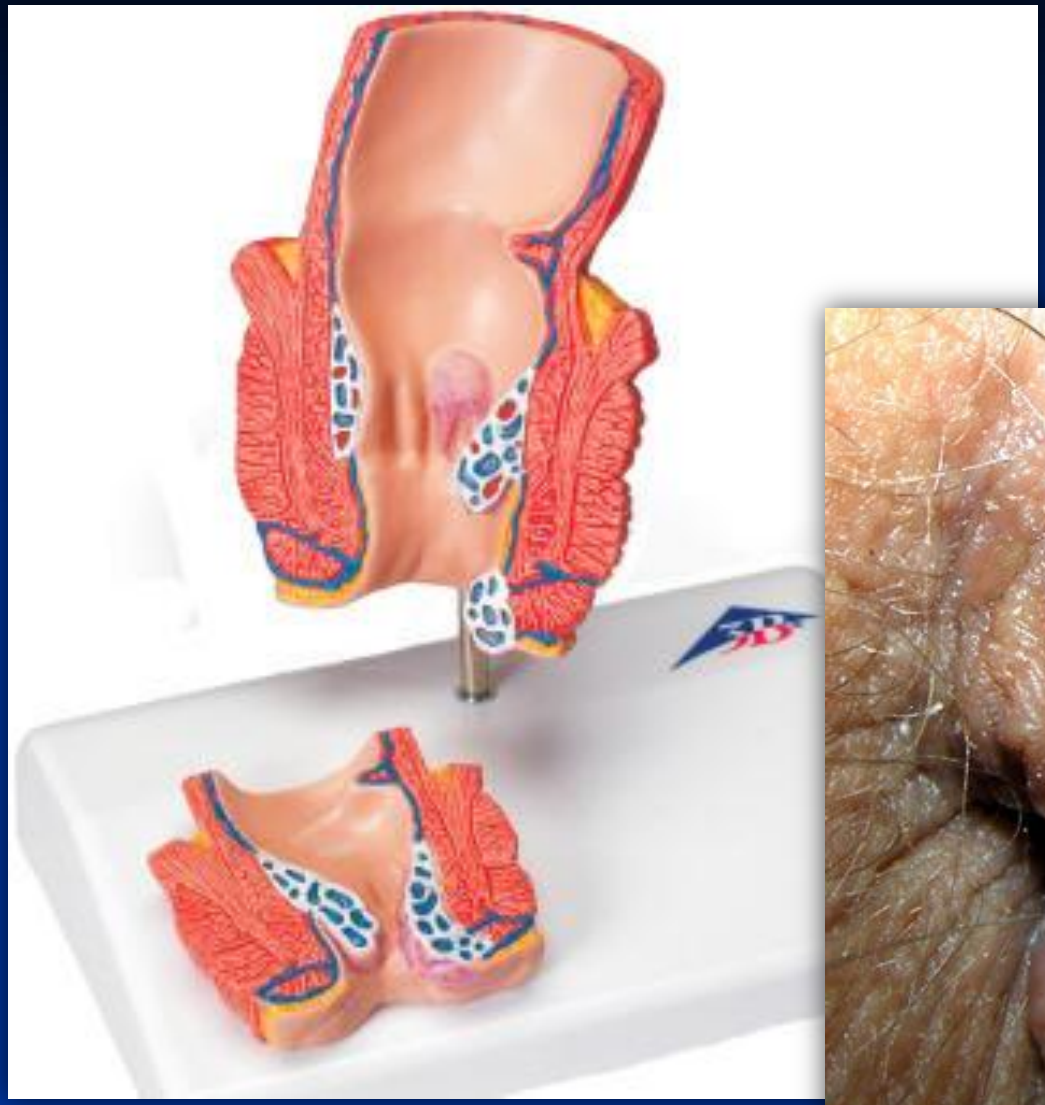

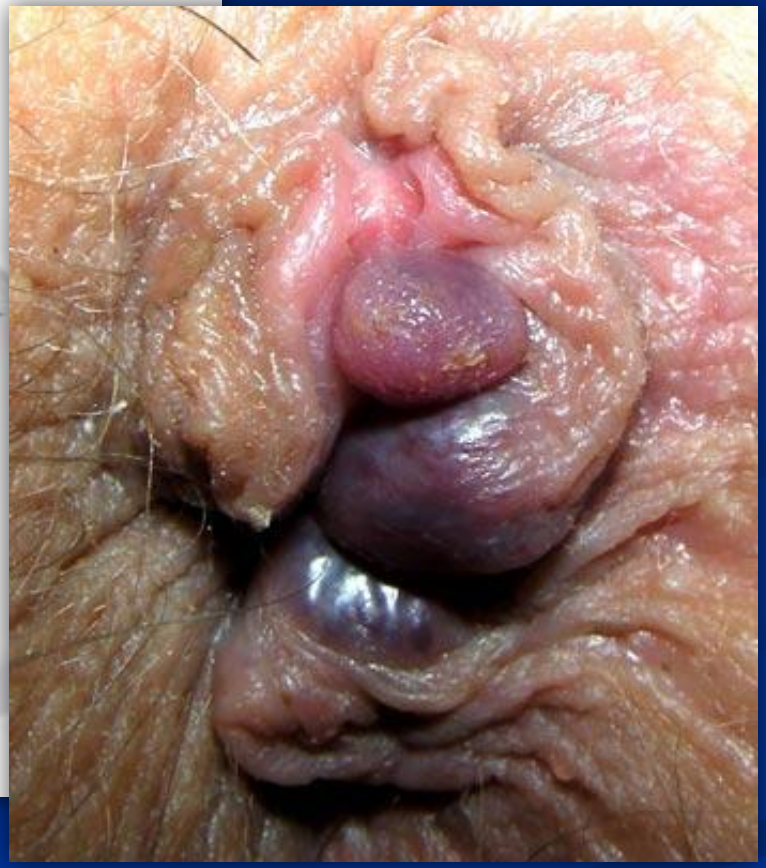

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Relevance?

- History/Examination
- Interpretation of response to conservative treatments
- Theory behind office treatments
- Theory of selection of operative approach

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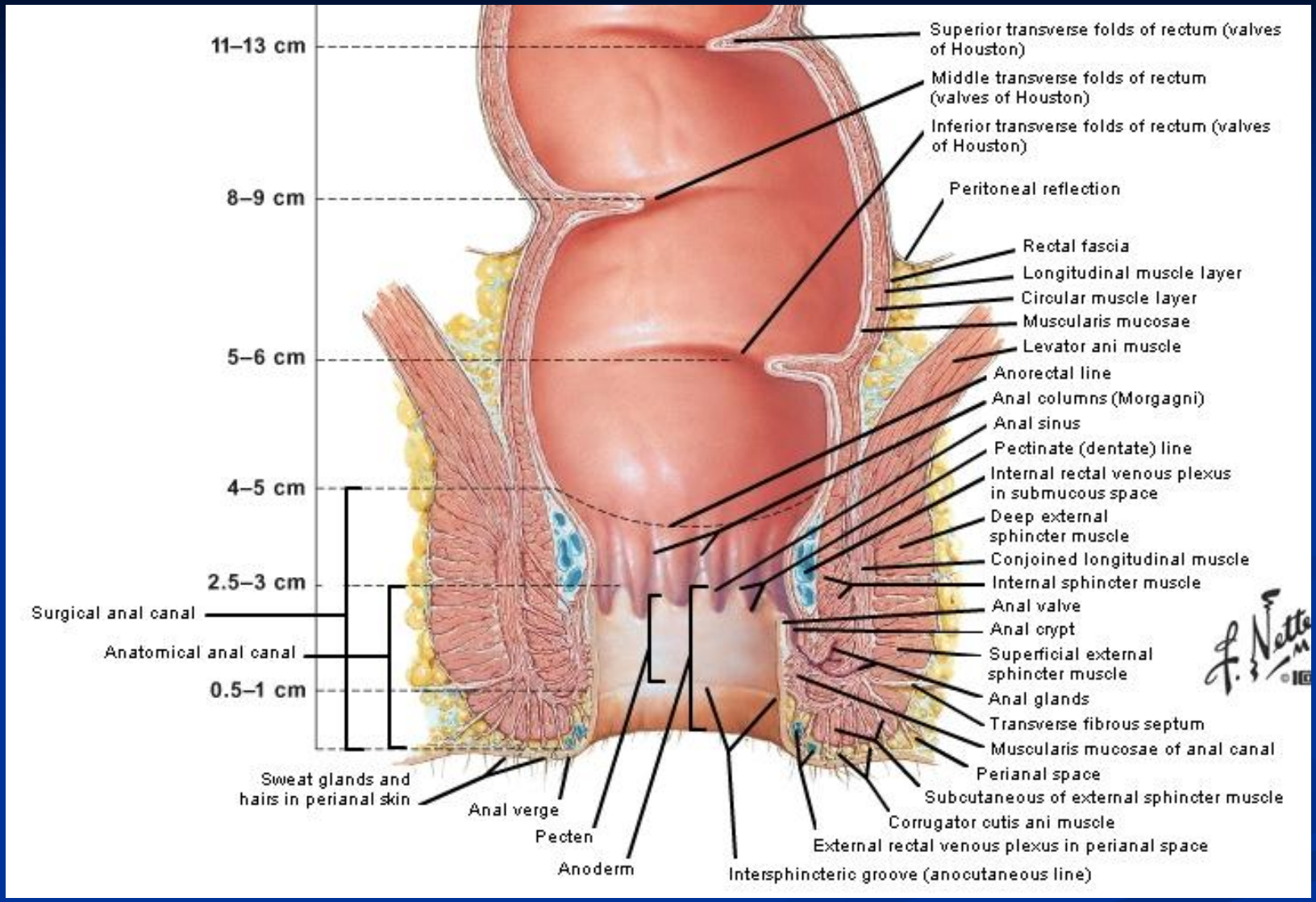

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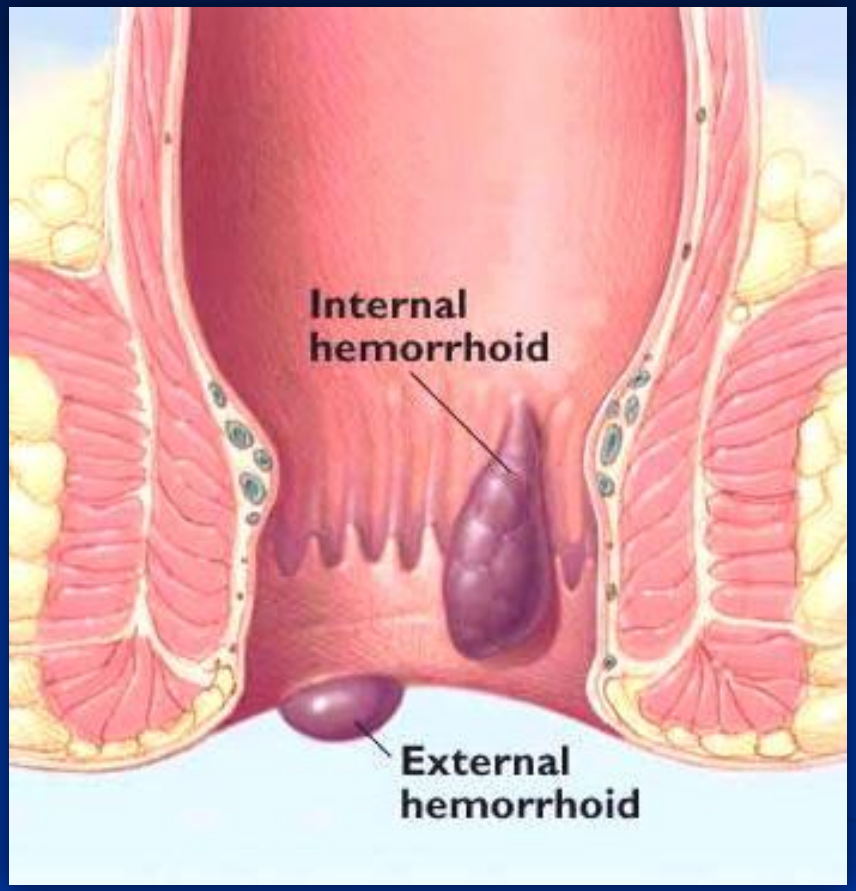
Classification

- 1° non-prolapsing
- 2° prolapsing on straining with spontaneous reduction
- 3° prolapsing on straining and requiring manual reduction
- 4° permanently prolapsed/thrombosed
- *The severity of symptoms does not necessarily correlate with the degree of haemorrhoids.*



Differential diagnosis

- Anal tags
- Fibroepithelial polyp
- Fissure
- Sentinel pile
- Rectal prolapse
- Dermatitis
- Rectal tumour

Examination

- Abdominal palpation
- External inspection
- PR exam
- Proctoscopy/sigmoidoscopy

$17

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Re-useables

$1135

Disposables

$10

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$70

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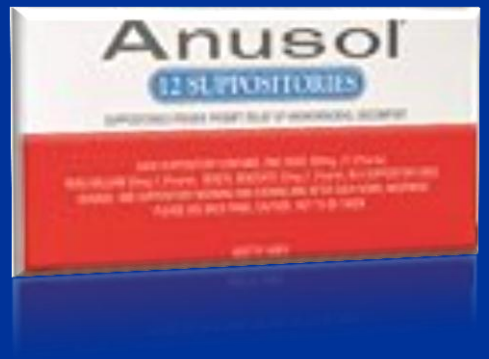
Conservative management

- Cochrane review 2008
  - beneficial effect of fibre laxatives for improving symptoms
    - Especially bleeding
- The results for other symptoms
  - prolapse, pain or itching
  - not as clear

Topical preparations

ultraproct



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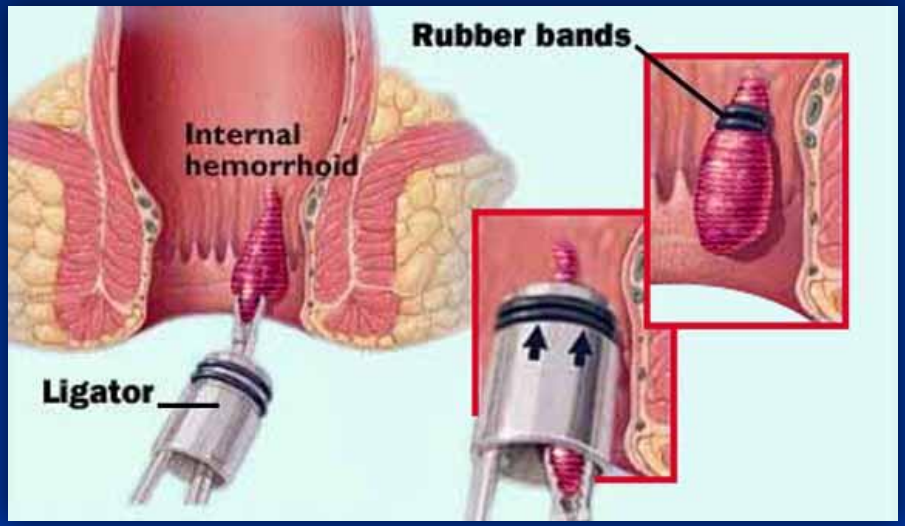
- Little evidence of efficacy
- In pregnancy avoid steroid preparations
- Short term usage worth a trial

Rectogesic

- 14 day trial
  - significant reduction in rectal bleeding
  - significant improvement of
    - anal pain
    - Pruritis
    - Irritation
    - difficulty in bowel movement
  - Headache in 43.1% of patients.

Rubber band ligation



Disposable haemorrhoid suction ligator

KilRoid®

ASTRATECH HEALTHCARE

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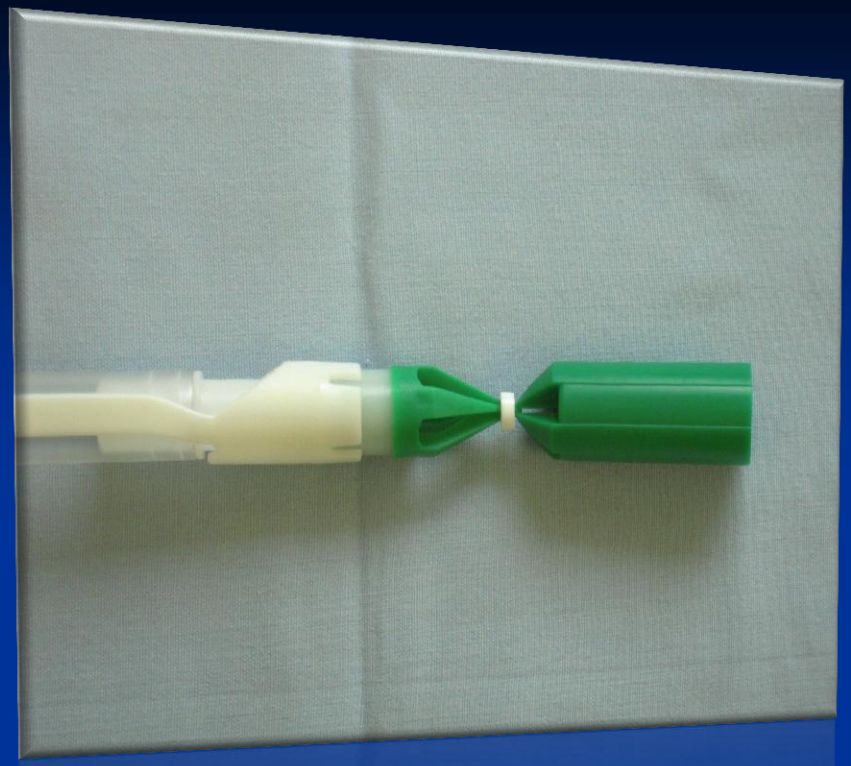

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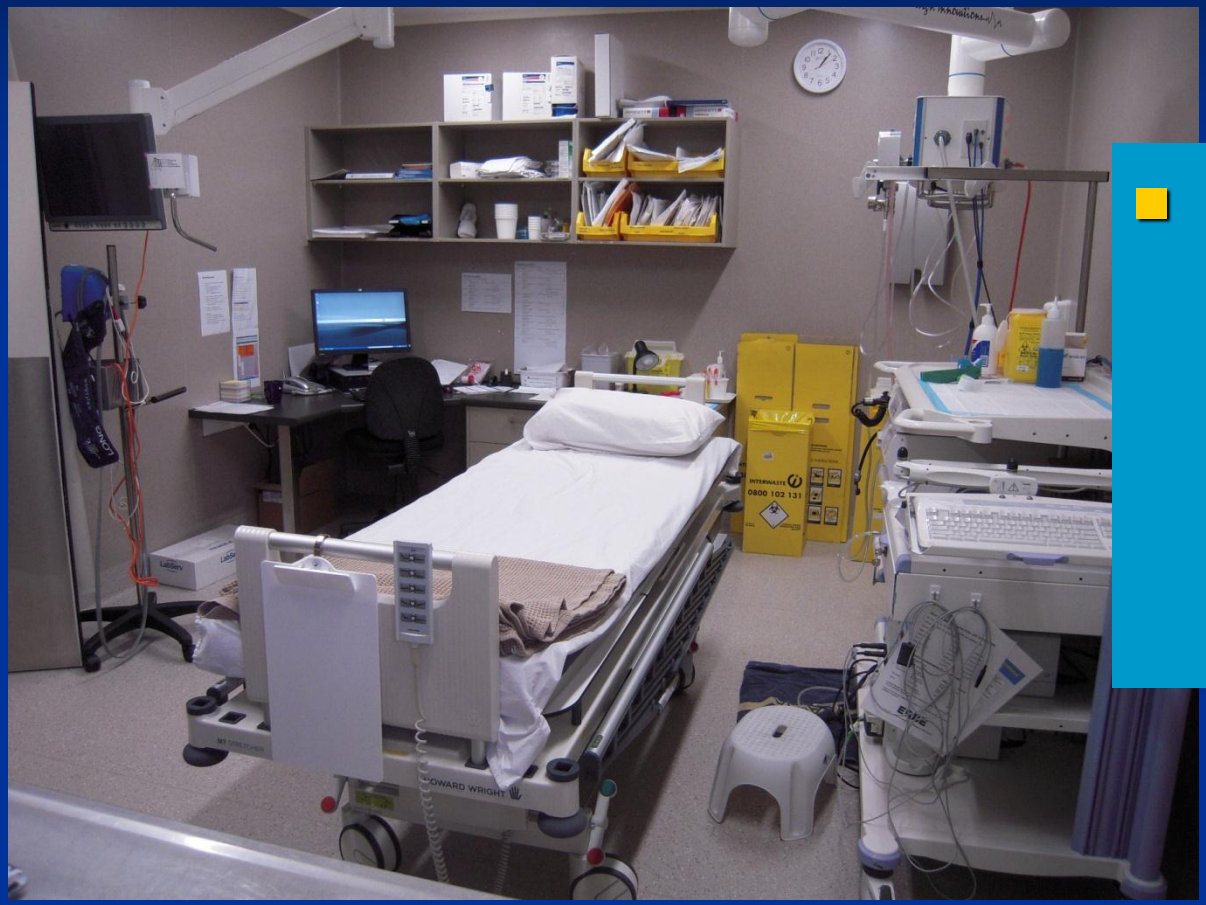
Side effects

- vaso-vagal syncope
- anal pain
- minor bleeding
- chronic ulcer
- Urinary retention
- thrombosis of external haemorrhoids
- Life-threatening complications
  - massive bleeding
  - pelvic sepsis

Side effects



- superior to other office procedures
  - Compliance
  - long-term efficacy
  - Side effects

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Surgery

- Very dependent on symptoms
  - essential to establish the true presenting complaint.

- Excisional haemorrhoidectomy

  Stapled haemorrhoidopexy

  Haemorrhoidal artery ligation

Excisional haemorrhoidectomy

- Indications
  - Troublesome 1 or 2 haemorrhoids
  - Major skin tag component
  - Thrombosed pile
  - Failed RBL
- Can be ‘open’ or ‘closed’
- Daystay procedure

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Post haemorrhoidectomy pain is the commonest problem

- Other early complications
  - urinary retention (20.1%)
  - bleeding (secondary or reactionary) (2.4% - 6%)
  - subcutaneous abscess (0.5%)
  - 'failure' of suturing
- Long-term complications
  - anal fissure (1% -2.6%)
  - anal stenosis (1%)
  - Incontinence (0.4%)
  - fistula (0.5%)

Postop regime

- Analgesia
- Laxatives
- Antibiotics

- Compared with RBL
  - Lower recurrence rate
  - more pain after the procedure
  - more minor complications
  - more time off work
  - Similar patient satisfaction

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Stapled haemorrhoidopexy

- Since 1998
- 'Kitset' operation
- Addresses the 'sliding anal lining'
- Does not address external skin component

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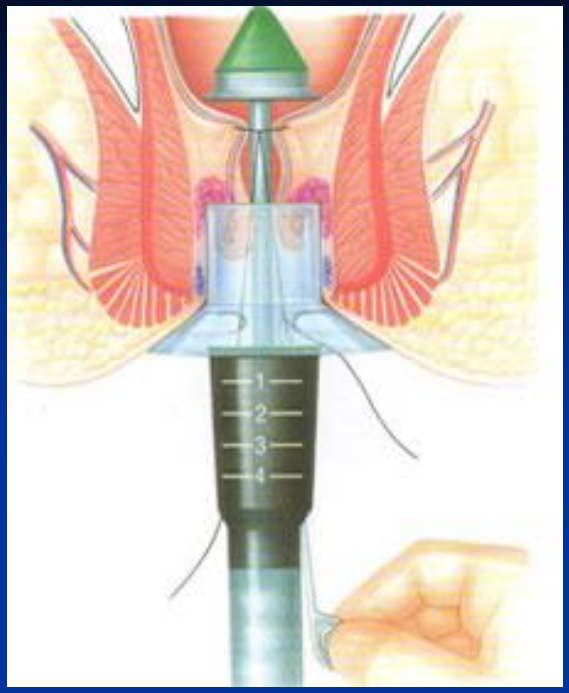

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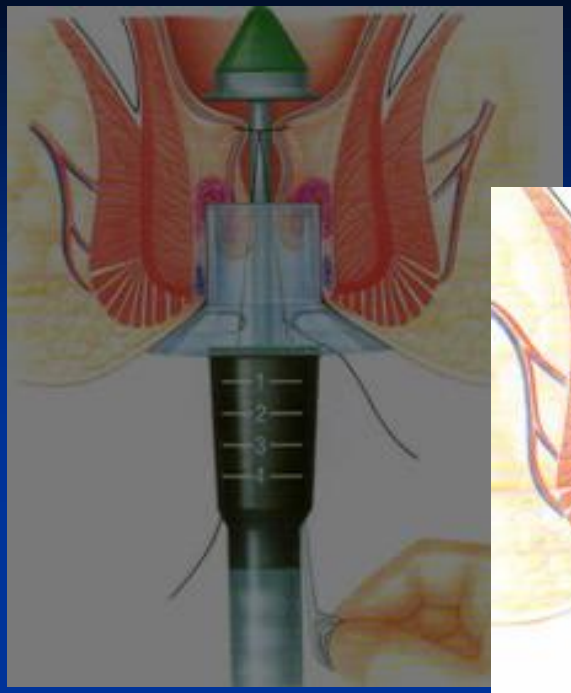

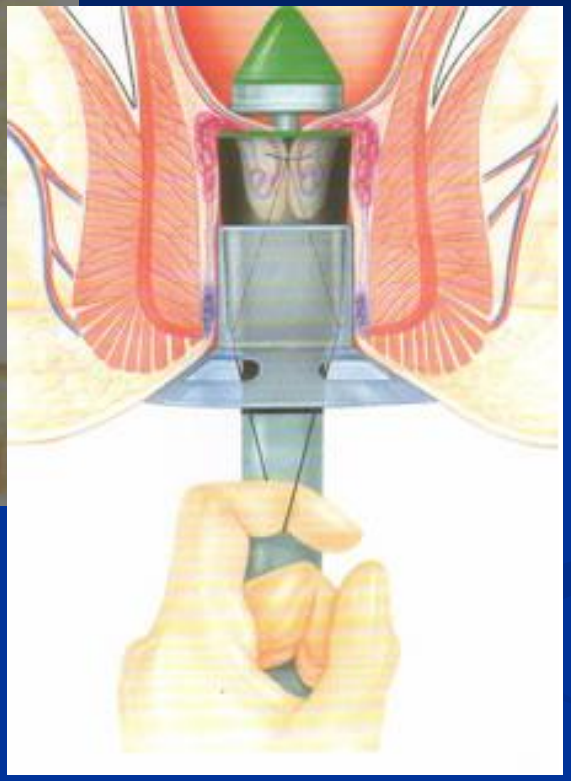

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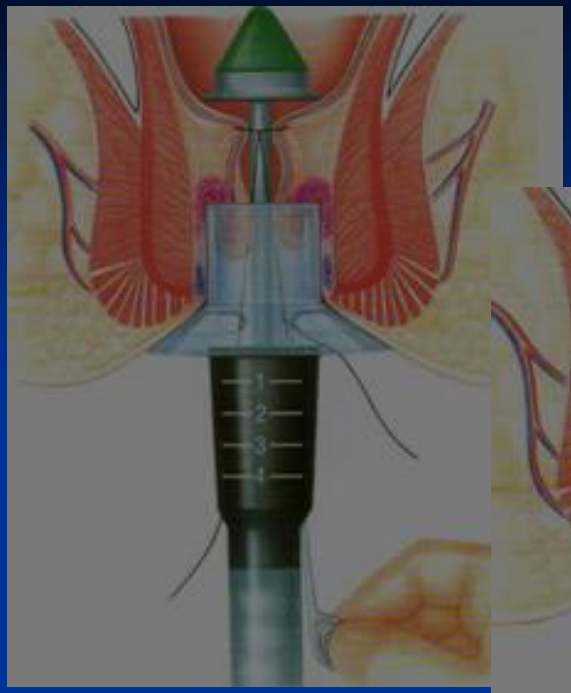

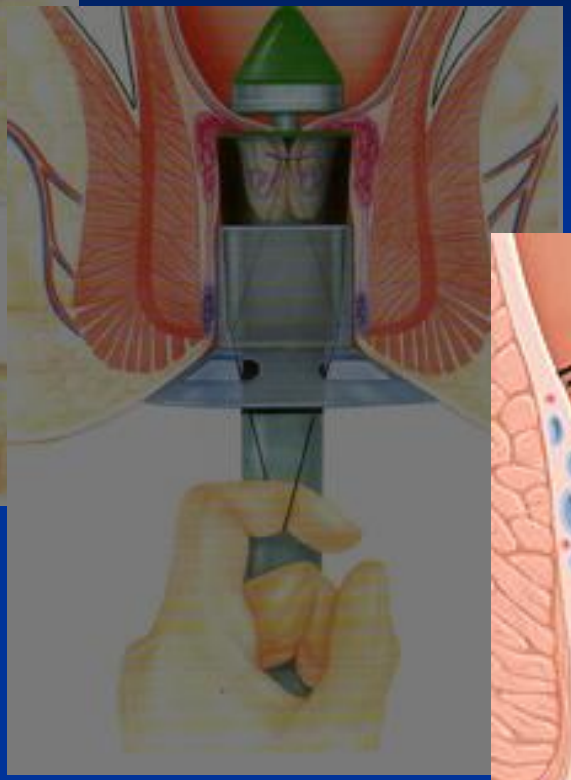

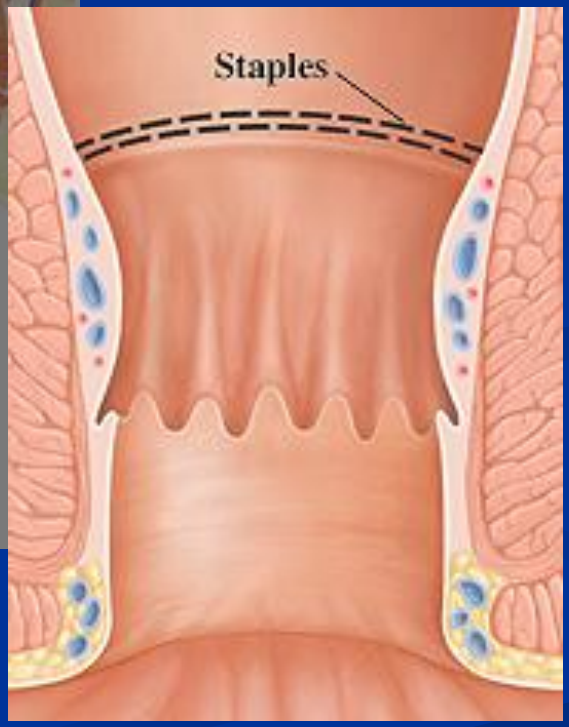

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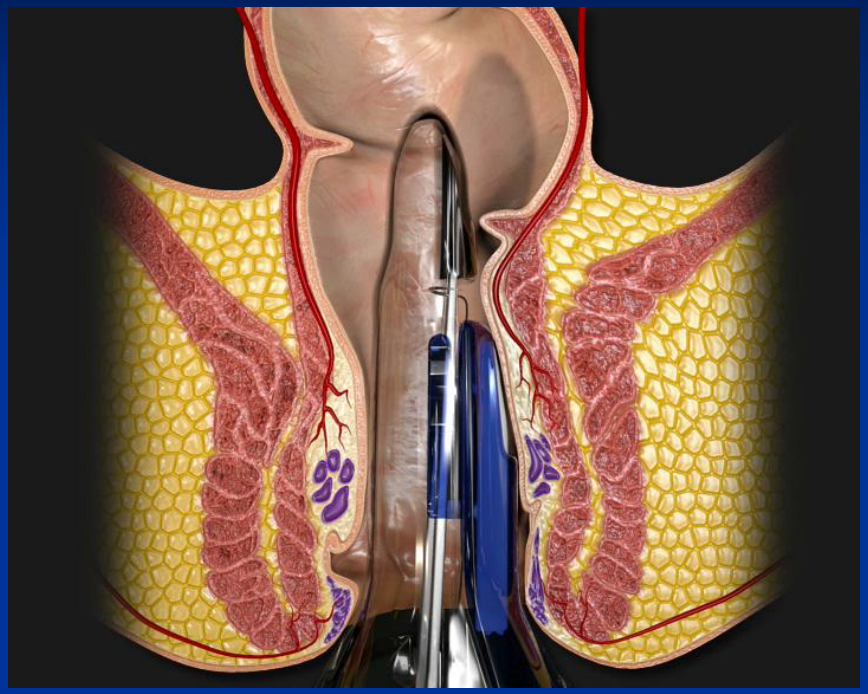
Results vs conventional surgery

- significantly more likely to have recurrent haemorrhoids in long term follow up
  - 8% vs 2%
- more likely to require an additional operative procedure
- Non-significant trends in favour of SH
  - Pain
  - pruritis ani
  - faecal urgency.

Haemorrhoidal artery ligation



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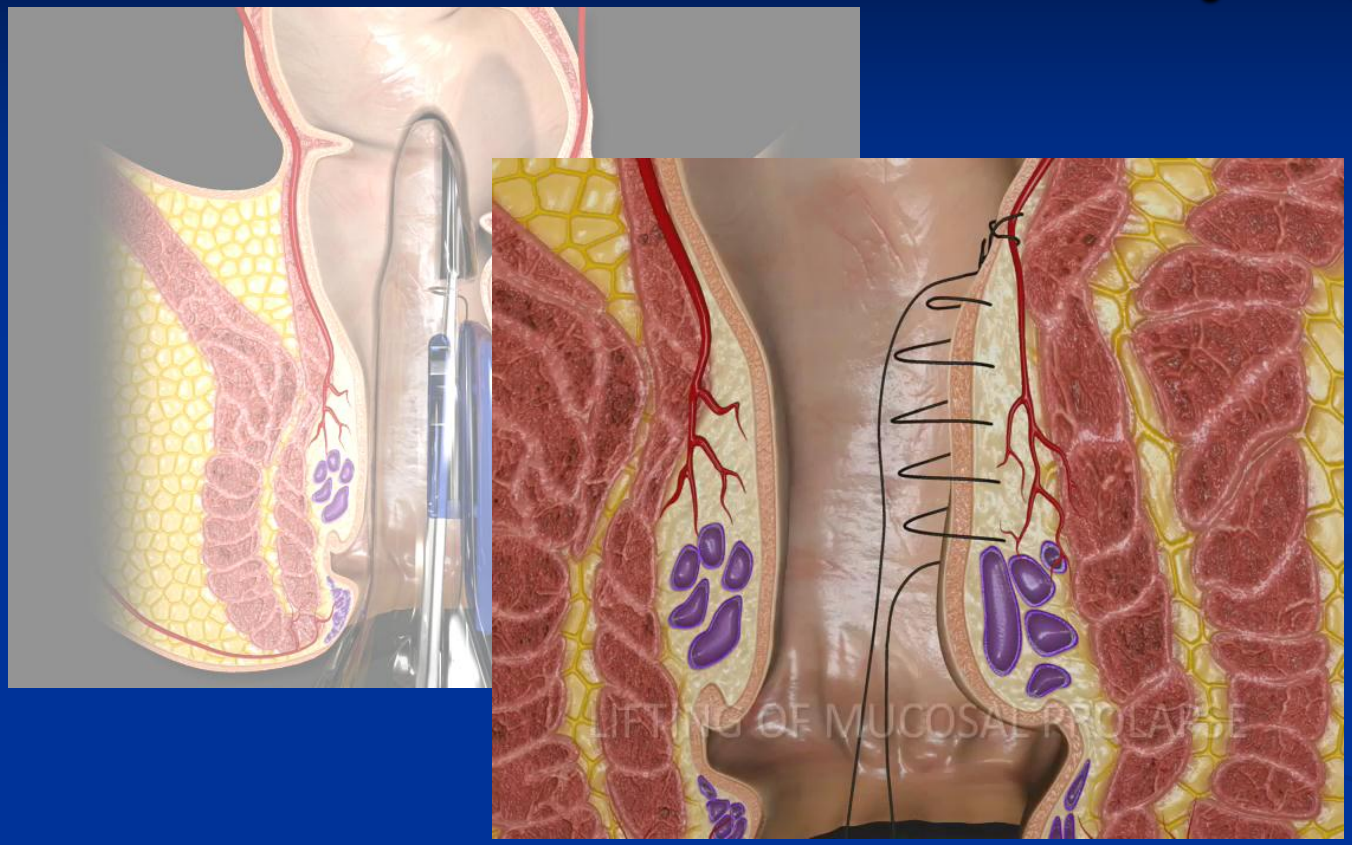

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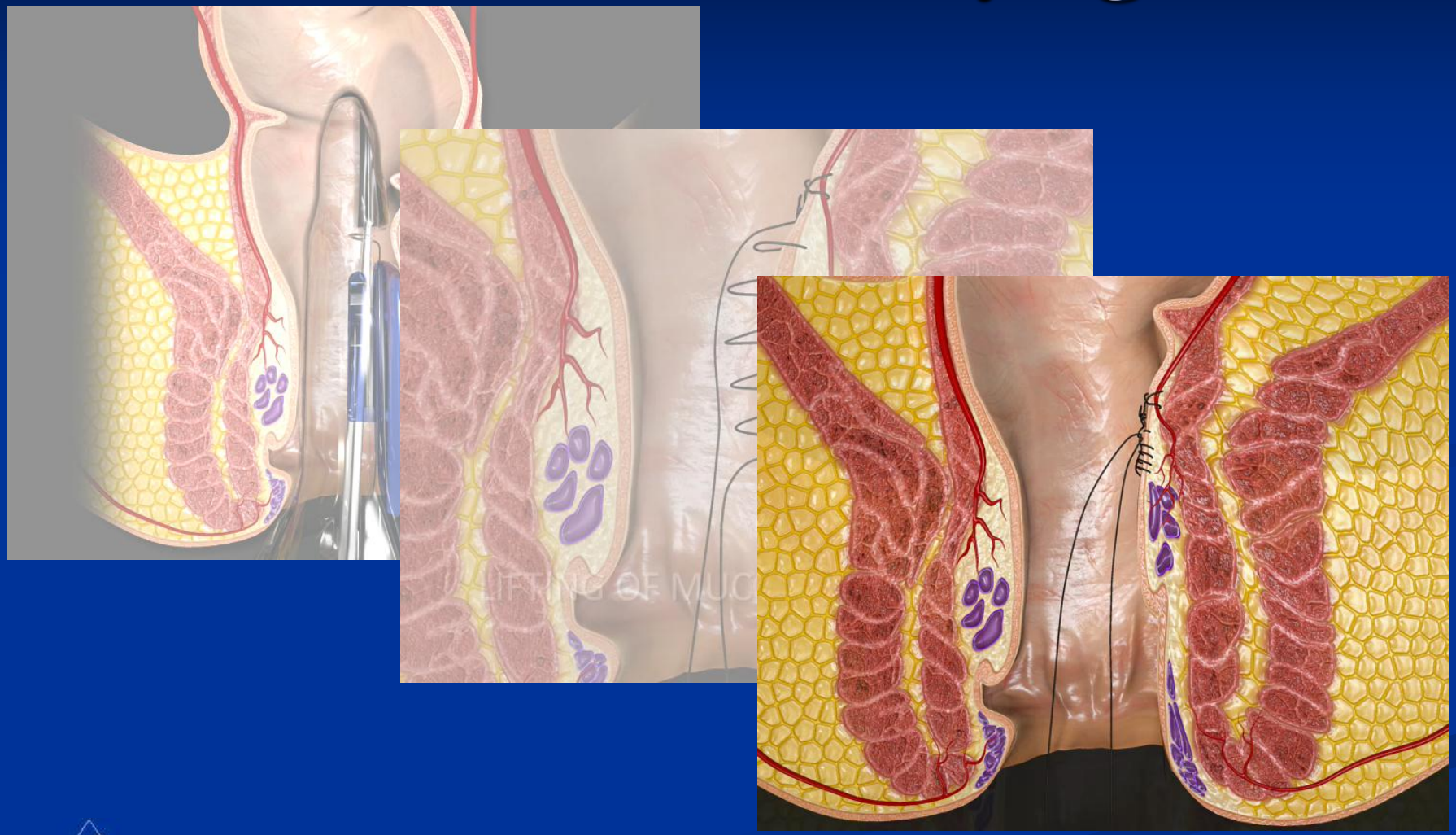

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My approach to haemorrhoids…

- *Be clear* on what is the presenting complaint
- Open mind to differential diagnoses
- Encourage conservative measures
- Tailored approach to surgery

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