

Statement on Stapled Haemorrhoidopexy

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The treatment of haemorrhoids in this country can be divided simply into conservative measures and surgical interventions. Conservative measures are mostly applicable to lower grades of haemorrhoids. Haemorrhoids, which constitute engorgement of the internal or external venous plexuses in the anal canal, are graded I- IV where grade I represents internal piles which never descend out of the anal canal; grade II are those which are internal but which can descend but then return spontaneously; grade III those which descend and have to be returned manually to the anal canal and grade IV those which descend and stay out of the anal canal.

Haemorrhoids cause various symptoms but predominantly those of bleeding, discomfort, pain, mucous discharge and prolapse.

Grade I haemorrhoids are often treated conservatively or by injection sclerotherapy or banding. Grade II usually respond to the same treatments. Grade III haemorrhoids may still respond to banding but are less likely to be resolved by sclerotherapy and grade IV require some form of surgical intervention. It is fair to say that many surgeons will intervene surgically for grade II and III haemorrhoids.

PPH has a place in the treatment of grades II and III especially when any degree of prolapse is circumferential. In some centres it is also used for grade IV haemorrhoids as well although many surgeons will still use some form of haemorrhoidectomy for these large prolapsing piles.

There are other methods of surgical intervention including cryotherapy, HALO (Haemorrhoidal Arterial Ligation Operation), RAR (Recto-Anal Repair) and infrared coagulation. Cryotherapy is hardly ever used nowadays. Infrared treatment is not commonly used and HALO and RAR are quite new and still undergoing evaluation although they do appear promising alternative techniques.

The main advantages of PPH in the treatment of haemorrhoids are the prevention of pain, proven long term relief of symptoms, cost effectiveness and the ability to perform the procedure as a day case. There are some complications described but most are of minor consequence.

In my opinion PPH has a very definite place in the modern surgical management of haemorrhoids but selectively according to grade and severity of symptoms.