



Haemorrhoids : wich
treatment for what
results ?

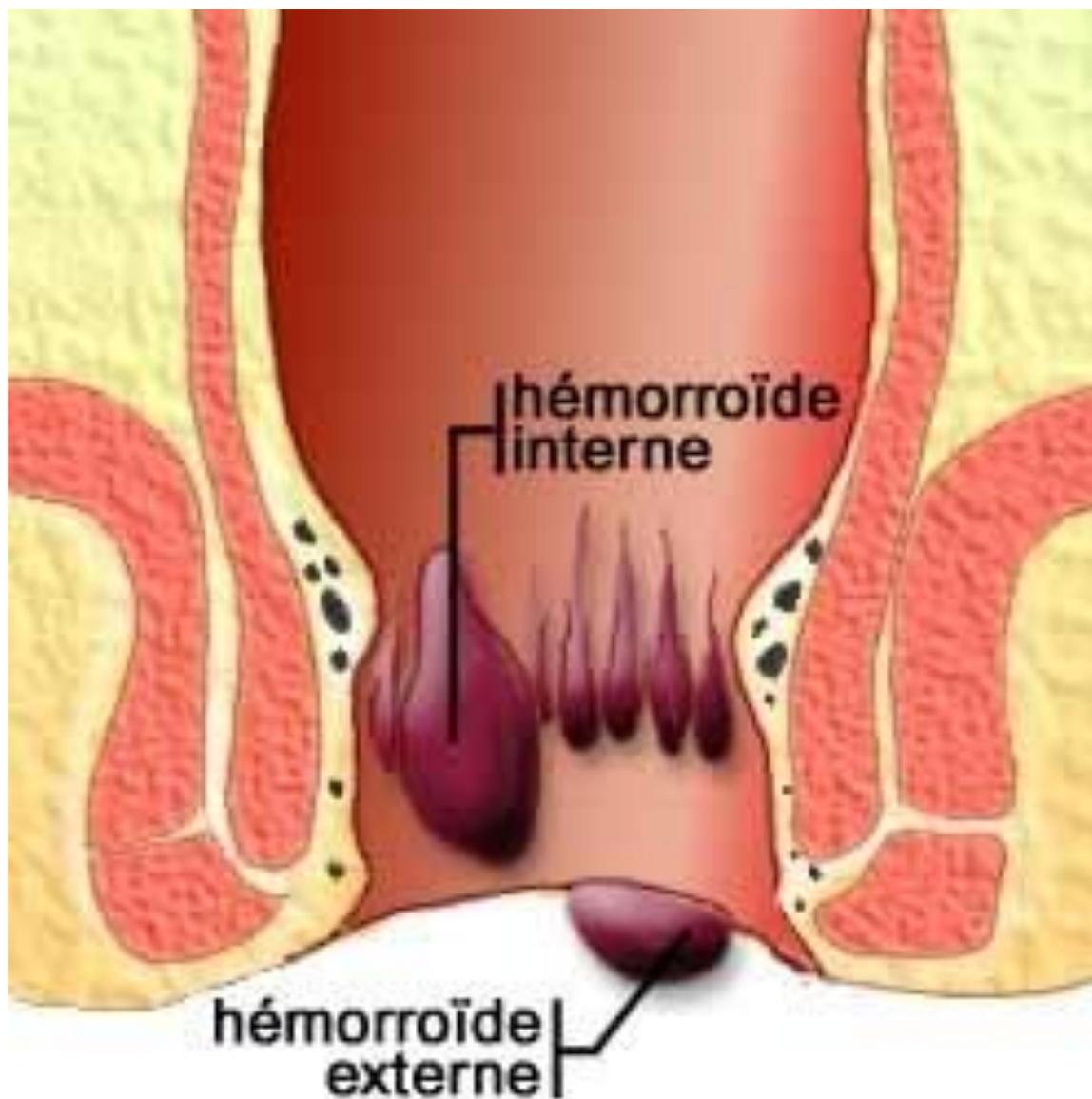
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Conflicts of interests

- None





Treatment of external thrombosis

Medical treatment:

veinotoniques

pain killers, NSAID

topicals :cream and/or suppository

against œdema : local steroids or tablets

Surgery: thrombectomie, haemorrhoidectomy



Photo 4 -Thrombose
hémorroïdaire externe



Internal Haemorrhoids

Symptoms :

bleeding

false urge

anal pain

prolaps

itching



Classification of haemorrhoid prolaps

Grade 1 : no prolaps, simple inflammation

Grade 2 : prolaps after stools , spontaneous reintegration

Grade 3 : prolaps, need of manual procedures for reintegration

Grade 4 : permanent prolaps

This classification is based on oral description, wich is sometimes different from the clinical examen



Mechanical treatment available at the office



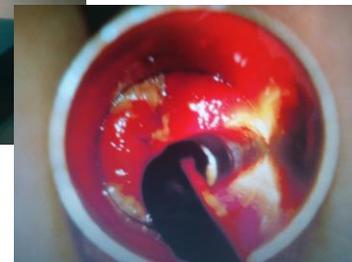
Ligatures



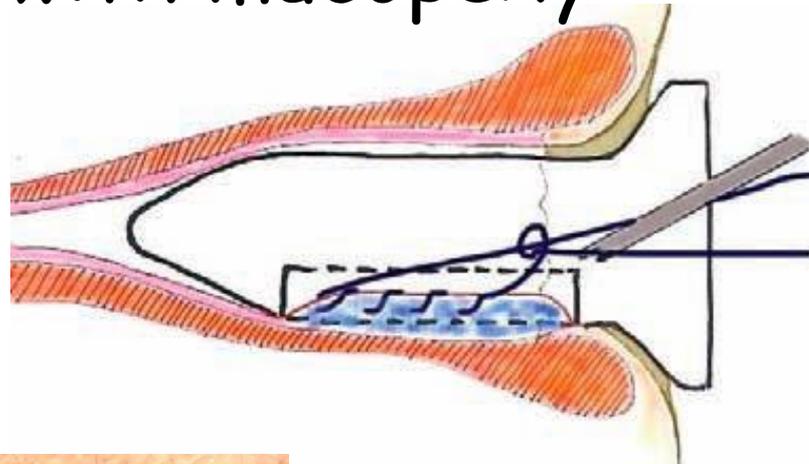
Sclerosis



Infra-red light

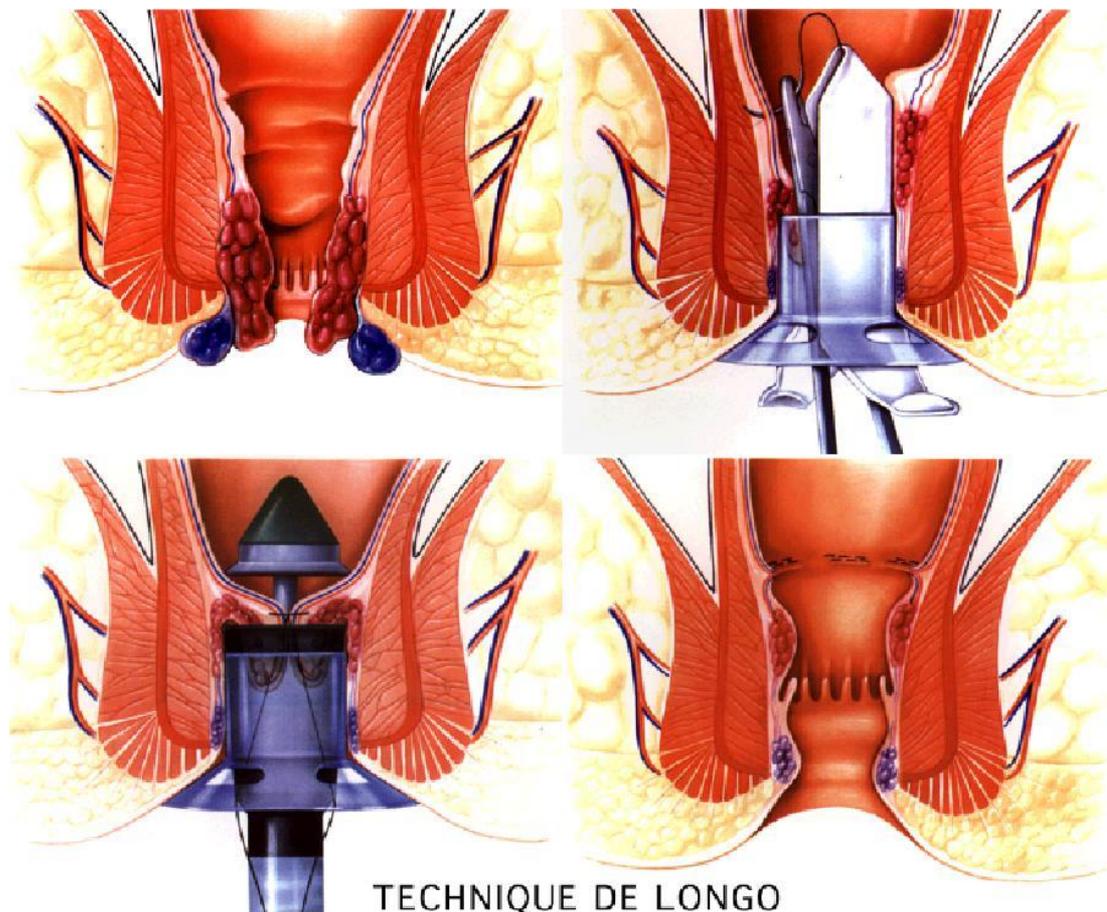


Haemorrhoidal arterial ligature with mucopexy





Longo surgery, anapexy



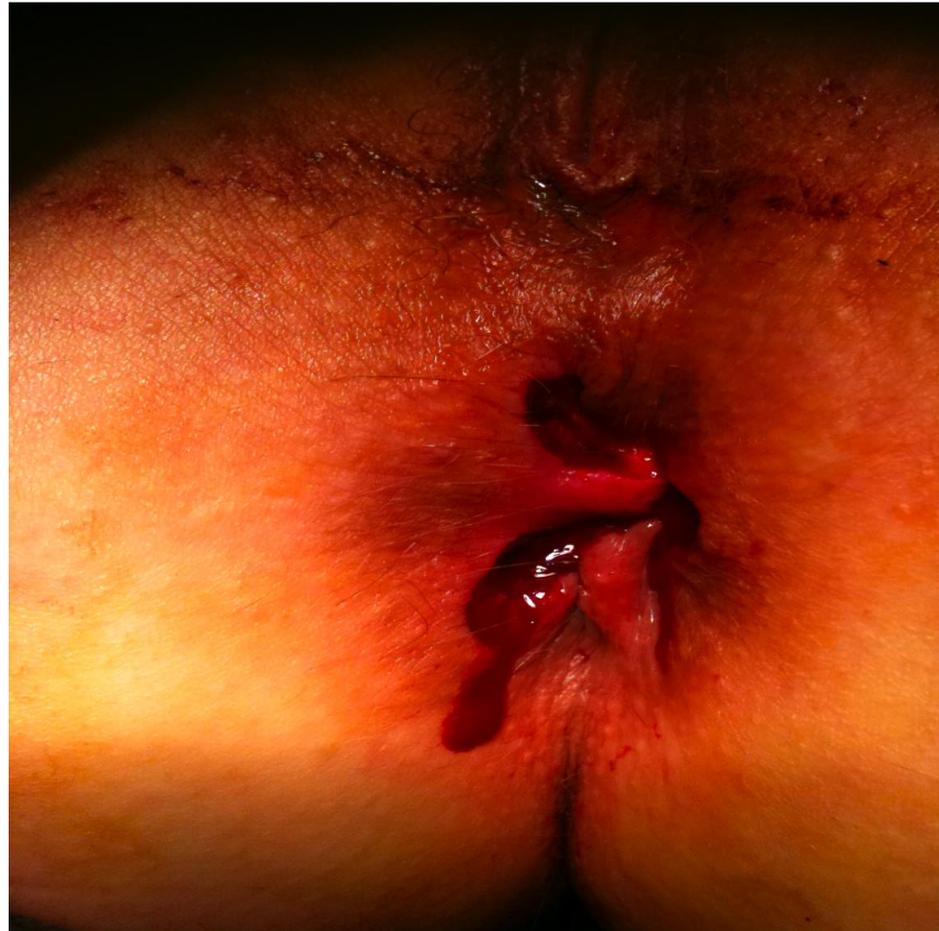


When the prolaps is total including
internal et external haemorrhoids :
grade 4





Total haemorrhoidectomy





D15 Healing results





CREGG/SNFCP study on total haemorrhoidectomy results

616 patients followed during 1 year

post surgery early morbidity : 7,6 %
post surgery late morbidity : 8% : 23 anal stenosis (4%), 7 local sepsis (1,1%), 3 reintervention for healing difficulties, 2 skin tags...

Median time of healing : 6 weeks

Vaisey score 3/24 (0-20) → 2 (0-19) (NS)
Wexner de 2/20 (0-19) → 2 (0-18) (NS)



Early complications : longo vs haemorrhoidectomy

Metaanalysis of 29 randomize studies, et 2056 patients

| | Longo | Hémorroïdectomie |
|-----------------------|-------------|------------------|
| Post surgery bleeding | 5,3% | 3,1% * |
| Post surgery pain | 2,66 à 5,71 | 3 à 7,28 * |
| Total complications | 17,3% | 16,3% (NS) |

Shao WJ et al. (2008) Br J Surg; 95:147-60



Long term results after Longo

291 patients :

median follow up: 73 months

62,2% had a proctologic exam

65,3% had no more symptoms

| | Grade III (57,4%) | Grade IV (42,6%) |
|-------------------------|-------------------|------------------|
| Soiling | 7,8 % | 15,3% |
| Symptom recurrence | 18,2% | 26,4% |
| Need for reintervention | 2,4% | 13,7% |

Ceci et al (2008). Dis Colon Rectum;51:1107-1112.



Classification of haemorrhoid prolaps and treatment

Grade 1 : no prolaps, simple inflammation

Infra-red light, sclerosis or cryotherapy

Grade 2 : prolaps after stools , spontaneous reintegration

Infra-red light, sclerosis, cryotherapy, ligature

HAL RAR

Grade 3 : prolaps, need of manual procedures for reintegration

Ligature , HAL RAR and Longo

Grade 4 : Total prolaps

Milligan Morgan



According to the patient

- Time to recover
- Risk factor :
 - Diabetes or immunosuppressors treatment : risk of sepsis with ligatures, preferring infra-redlight, cryotherapy or open surgery
 - Anal incontinence : preferring mechanical treatments
 - Anticoagulation : open surgery only if the bleeding expose the patient to severe anemia



Conclusions

Always start with medical treatment: regularisation of transit (treat the constipation or diarrhea), topics, pain killers and NSAID

If failure :

 If external haemorrhoids : sugery

 If no external haemorrhoids : mechanical treatment or surgery according to the importance of prolaps

In all cases, be aware about risk factors.

Mini invasive sugery reduce pain and time to recover but expose to more recurrence . Patient must be aware and able to choose