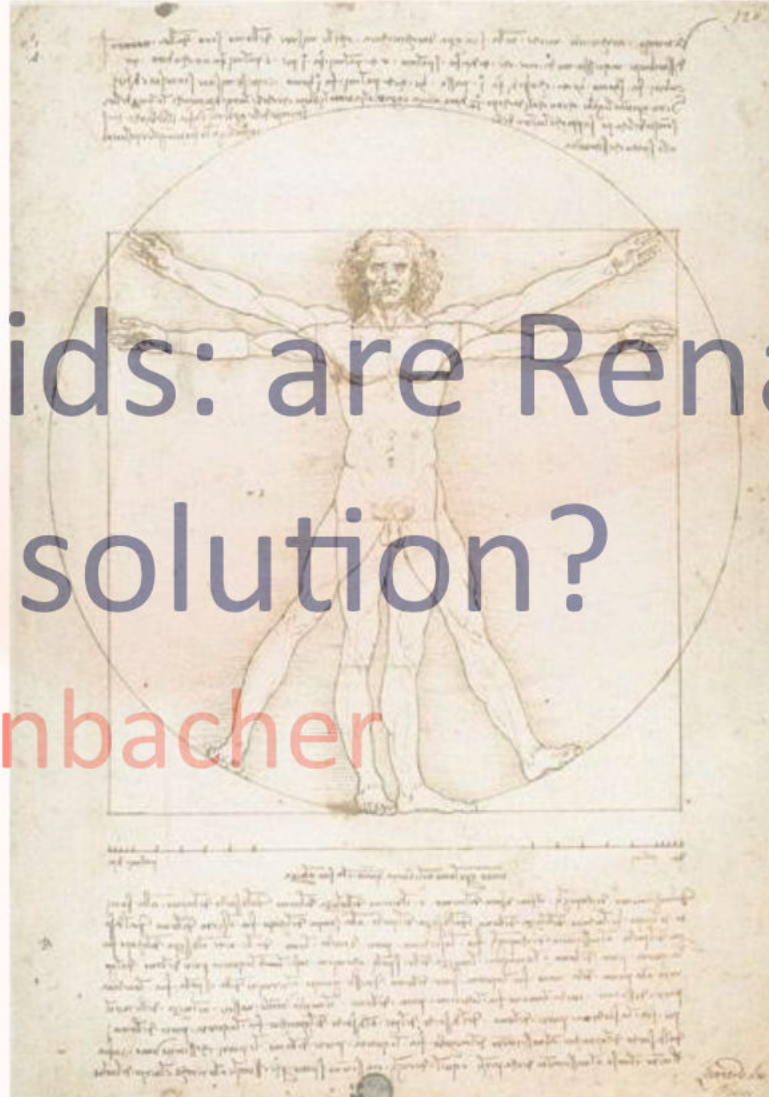


Hemorrhoids: are Renaissance artists the solution?

Andreas Rickenbacher



Hemorrhoids: are Renaissance artists the solution?

Andreas Rickenbacher

14.01.2023

42. Schweizerische Koloproktologie-Tagung, Bern

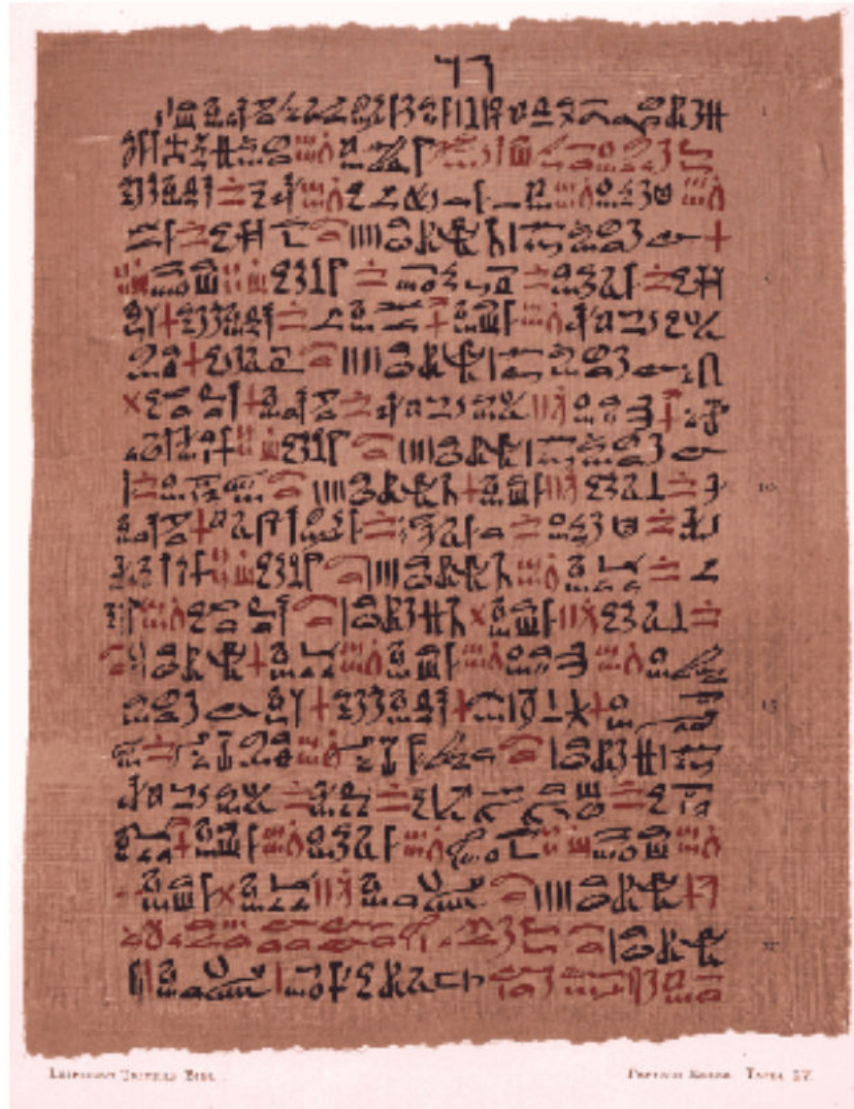
Viszeral-, Tumor- und
Roboterchirurgie

History of Hemorrhoids



And it burns, burns, burns ...

History of Hemorrhoids



Papyrus Ebers (1550 v. Chr.)

One of the first description of hemorrhoids

Conservative treatment only

History of Hemorrhoids



[...] so nehme man die **Rückenschale eines Tintenfisches**, ein Drittel **Bleiwurz**, **Asphalt**, **Alaun**, ein wenig **(Kupfer-)Blüte**, **Gallapfel**, **Grünspan**, schütte gekochten **Honig** darüber, mache davon einen ziemlich langen Zapfen [...]

- **Hippokrates** (460-375 BC)

History of Hemorrhoids



Hippocrates (460-375 BC)

First author to propose a surgical therapy

Ligation – excision - cauterization

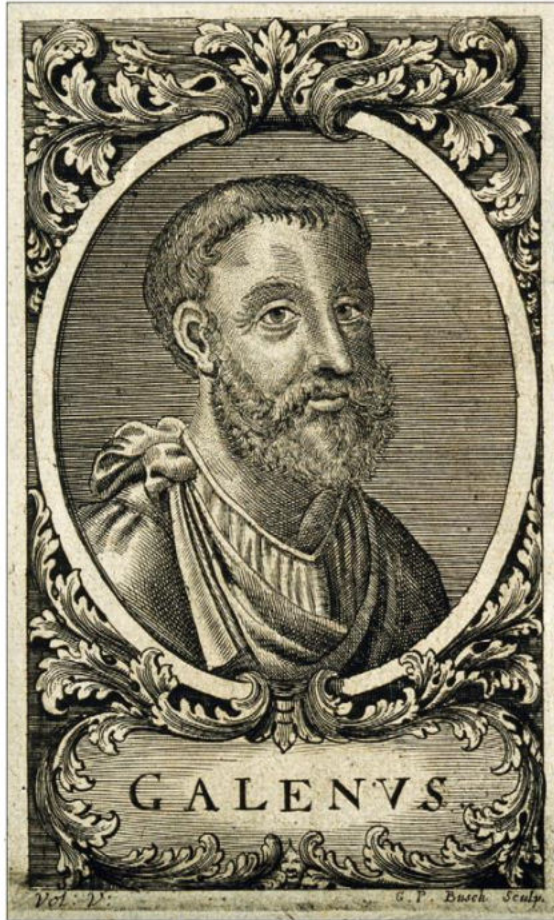
History of Hemorrhoids



Operative removal of hemorrhoids by burning with a hot iron

Bleeding or sepsis occurred regularly

History of Hemorrhoids



Galen (130-200 AD)

Conservative treatments

Due to high mortality and complications
Performed by charlatans and barber
Method to cruel

History of Hemorrhoids



Saint Fiacrius (600-670 n. Chr.)

Patron saint of the victims of hemorrhoids

- Born in Ireland
- Refused to be crowned as king of the Skoten
- Became hermit
- Therapeutic power of the stone

History of Hemorrhoids



Napoleon Bonaparte

Battle of Waterloo

18. June 1815: suffered from painful hemorrhoids

Lost the battle

History of Hemorrhoids



Frederick Salmon

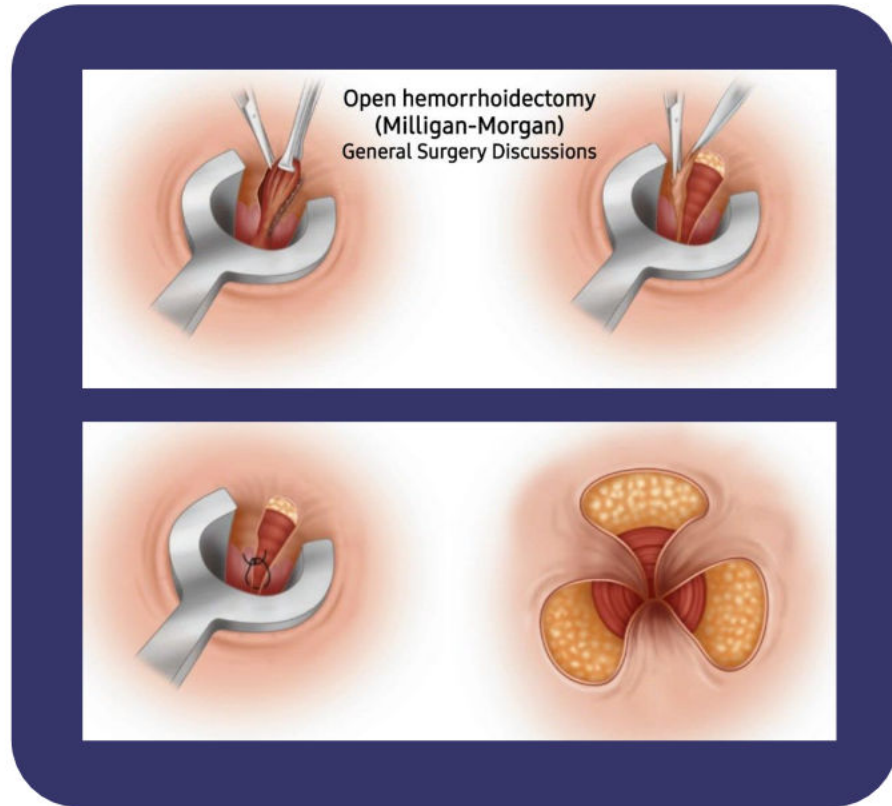
Founder of St. Mark's

19th century: proposed open
hemorrhoidectomy

Modified by Miles, Lockhart

popularized by Milligan and Morgan

History of Hemorrhoids



Milligan Morgan technique 1937

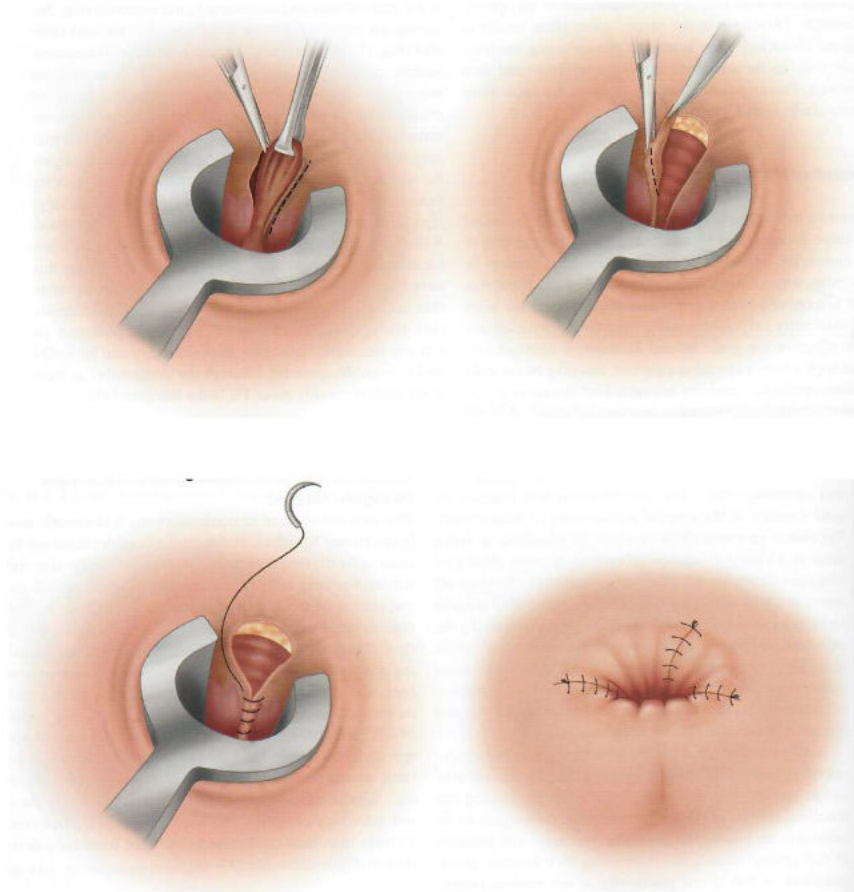


Edward Campbell Milligan



Clifford Naughton Morgan

History of Hemorrhoids

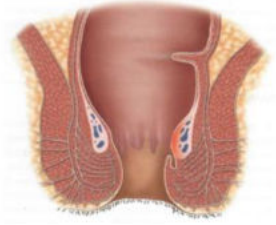


Ferguson

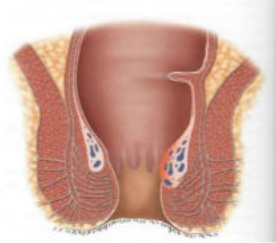
Described by Ferguson in 1955

Most common technique in the US

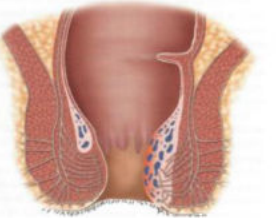
Goligher Classification



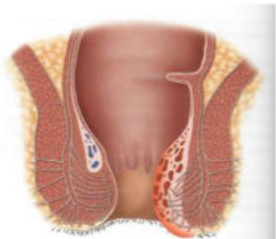
Grade I: enlarged hemorrhoids
no prolapse



Grade II: Prolapse with spontaneous reduction

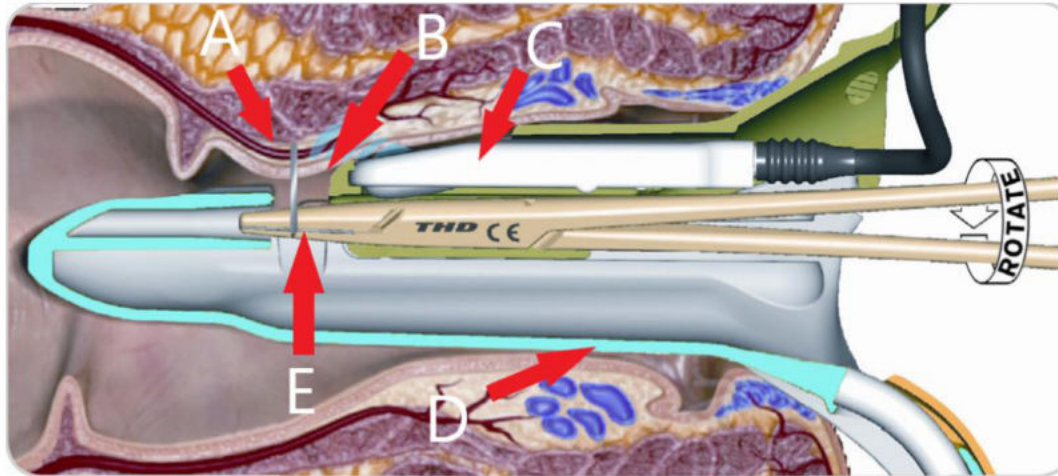


Grade III: Prolapse requiring digital reduction



Grade IV: Prolapse cannot be reduced

History of Hemorrhoids

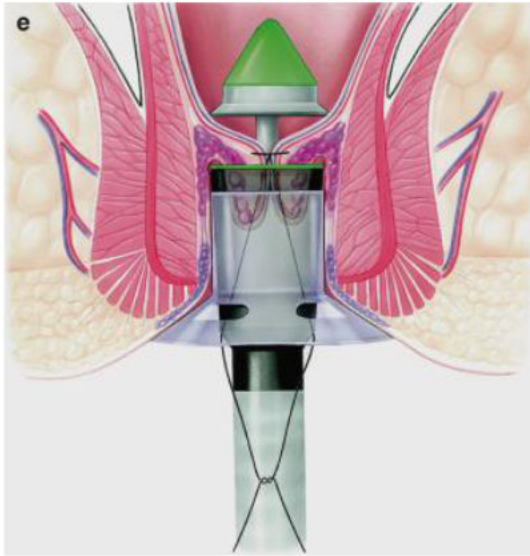


1995 Morinaga

Hemorrhoidal Artery
Ligation (**HAL**) & Recto-Anal
Repair (**RAR**)

No need for ultrasound

History of Hemorrhoids



1998 Antonio Longo

Stapled hemorrhoidectomy /
hemorrhoidopexy



History of Hemorrhoids



- ✓ Schnell
- ✓ Gut wenn zirkulär
- ✓ Weniger Schmerzen
als Resektion
- ✓ Rezidive (↑)

1998 Antonio Longo

Stapled hemorrhoidectomy /
hemorrhoidopexy

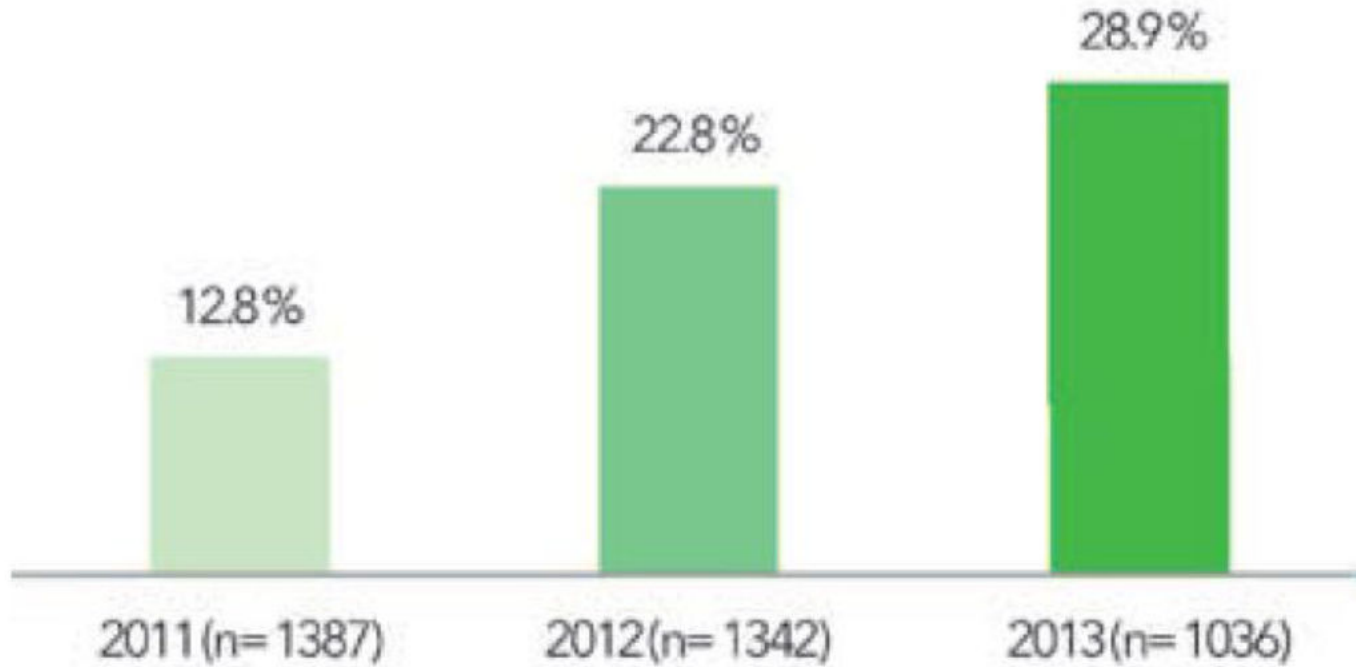


History of Hemorrhoids

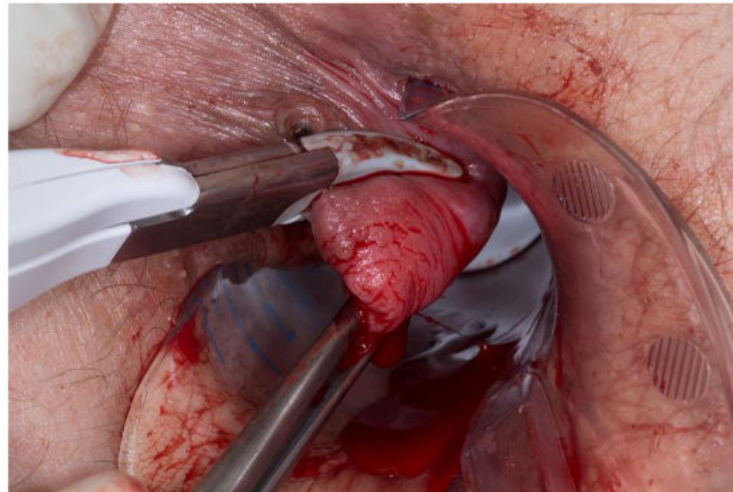


1998 Antonio Longo

Stapled hemorrhoidectomy /
hemorrhoidopexy



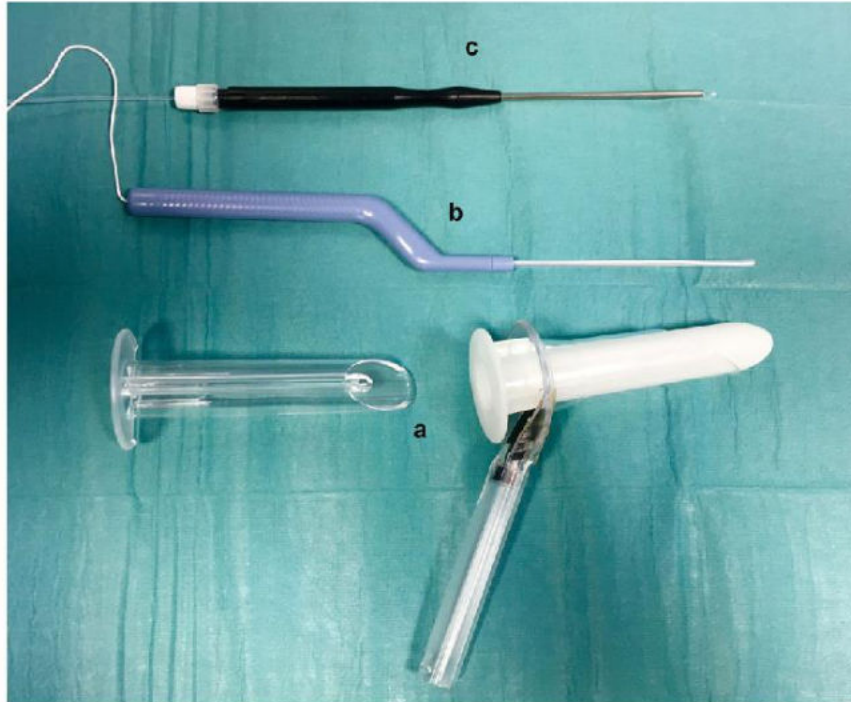
History of Hemorrhoids



Energy devices

- ✓ Schnell
- ✓ Sehr einfach
- ✓ Gut bei Ein-/Zwei-Zipfelresektionen
- ✓ Nicht bei zirkulären Hämorrhoiden
- ✓ Rezidive ↓

History of Hemorrhoids



Infrared coagulation

**Hemorrhoids Laser
Procedure (HeLP)**

No resection

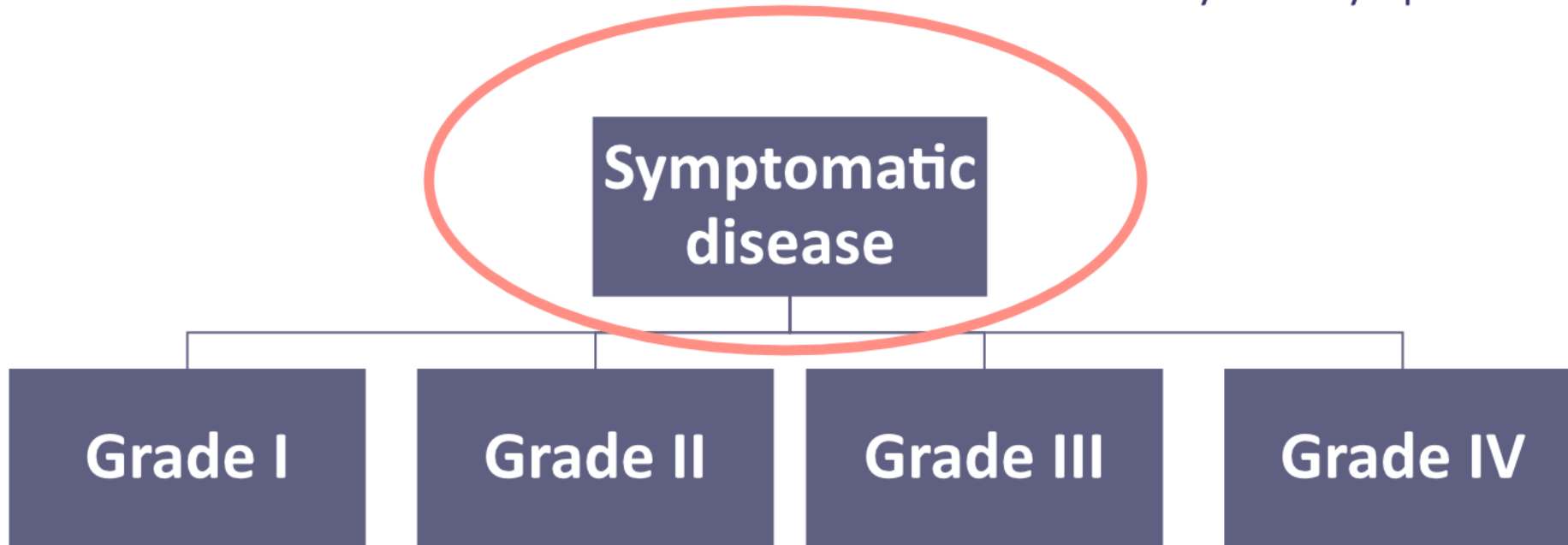
Mini-invasive methods

« Evidence and Guidelines? »

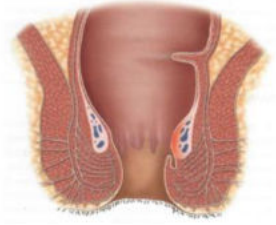
Treatment choice



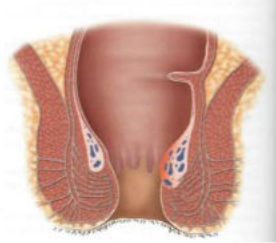
Only treat symptomatic individuals



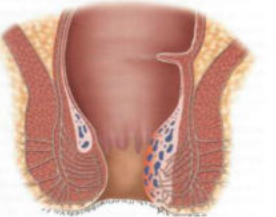
Treatment choice



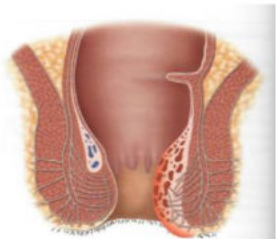
Grade I: enlarged hemorrhoids
no prolapse



Grade II: Prolapse with spontaneous reduction



Grade III: Prolapse requiring digital reduction



Grade IV: Prolapse cannot be reduced

Conservative Treatment

- ✓ Grade I - II
- ✓ Diet habits
- ✓ Stool regulatory agents
- ✓ **Mediacal treatment:**
 - ✓ **Topic:** Steroids (Scheriproct[®]), Vasoaktiva (Procto-Glyvenol[®], Doxiproct[®]) Antiseptic (Faktu[®])
 - ✓ **Systemic:** Phlebotonics (Daflon[®] 500mg 1-0-1)



Evidence



Phlebotonics

23 RCT, 2344 patients



- Bleeding (OR 0.12)
- Itching (OR 0.23)

Effective

Evidence



Phlebotonics

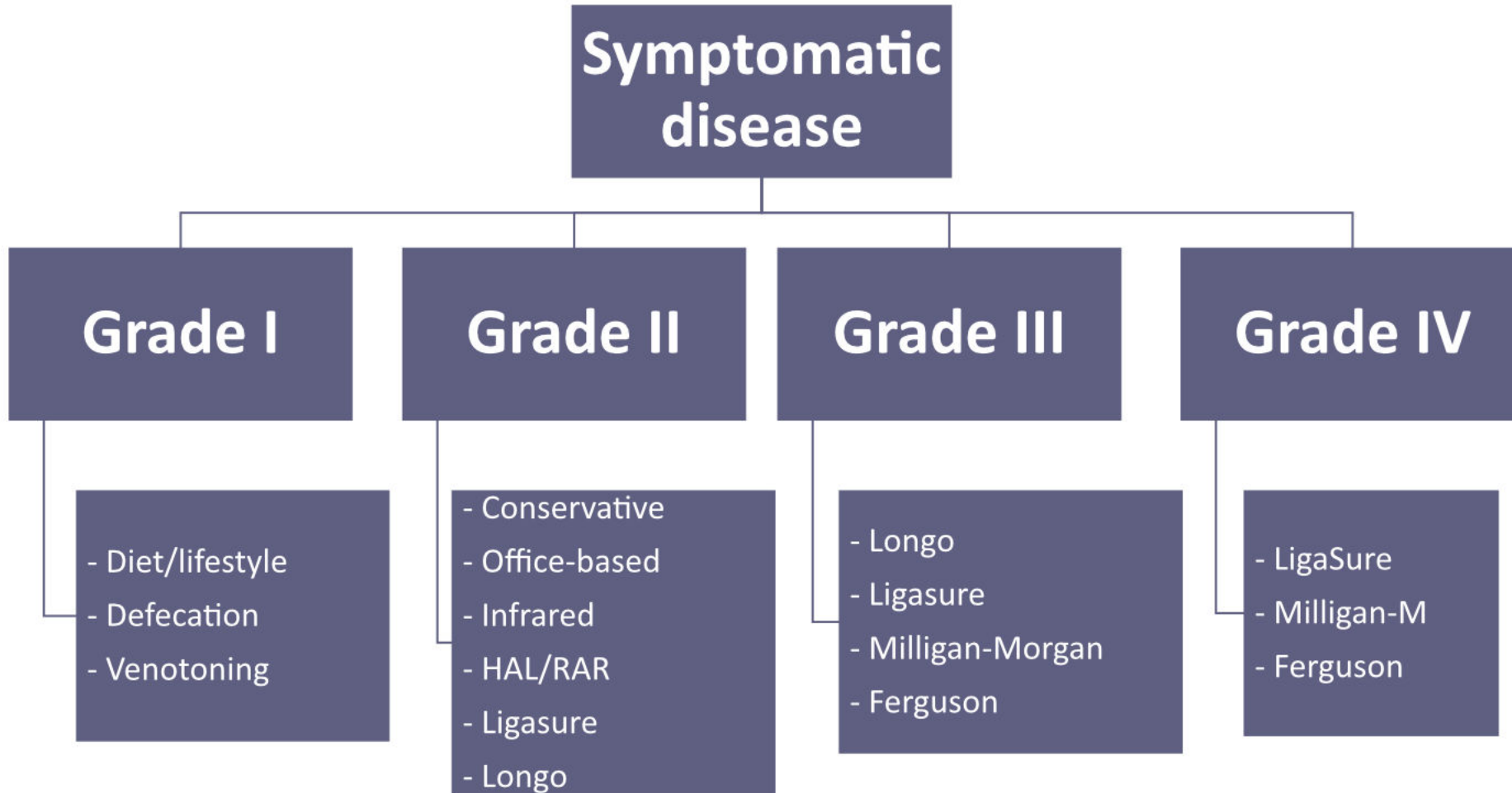
23 RCT, 2344 patients

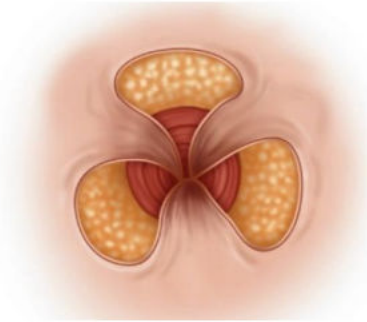


Bleeding postop. (OR 0.18)

No effect on postop pain

Treatment overview





Milligan-Morgen vs. Ferguson

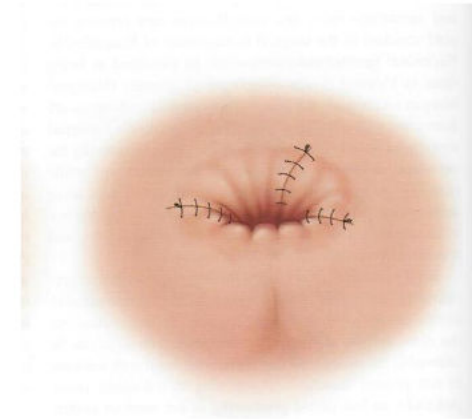
1989–2017: 15 RCT

Ferguson:

- less pain
- quicker wound healing
- Less bleeding

Poor design

Metaanalysis: equal



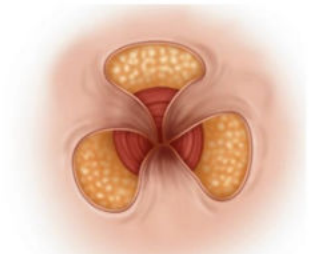
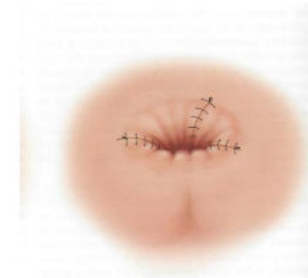
Ligasure vs. Milligan-Morgen/Ferguson



Early Pain

Operative

Recurrence



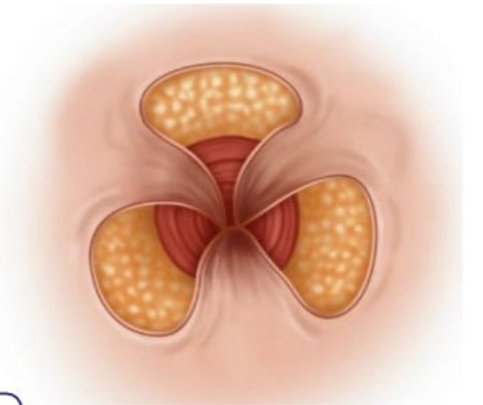
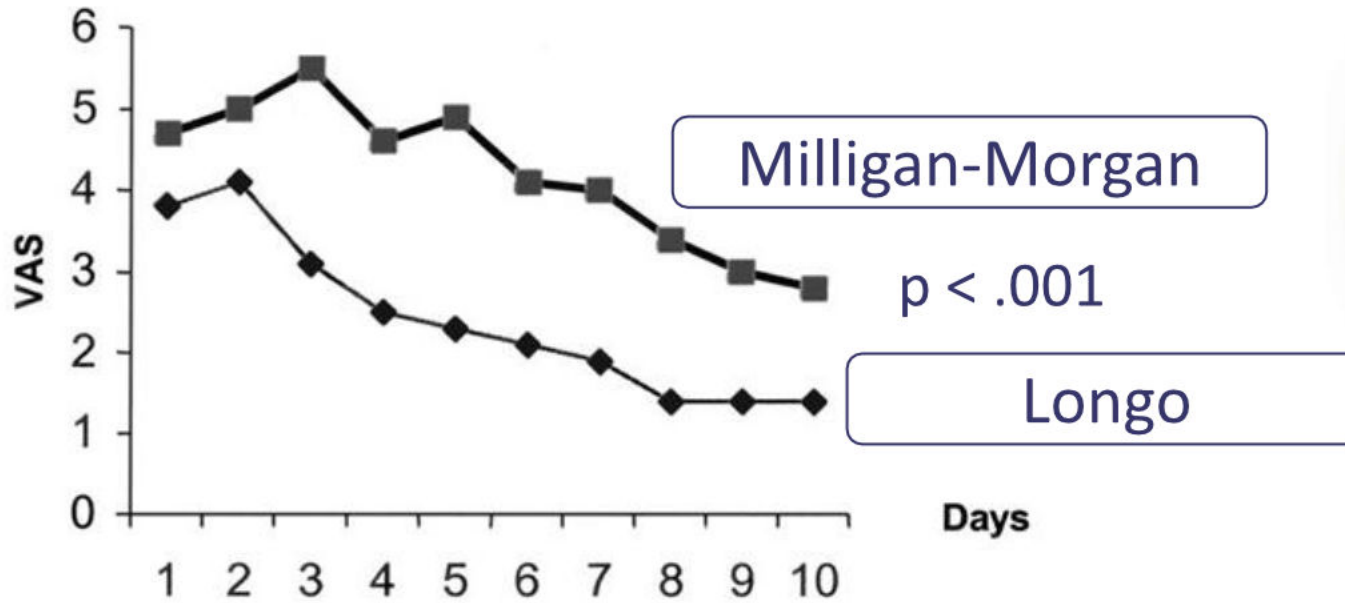
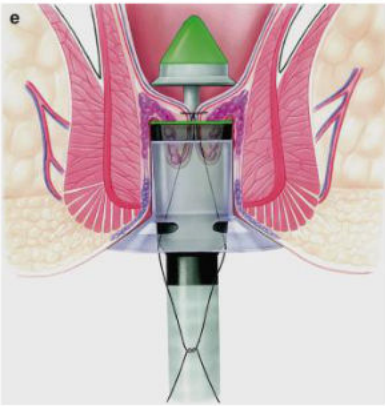
Outcome	Studies (n)	Patients (n)	Favours	Effect size [95% CI]	HE
Pain day 1 (VAS score)	10	835	Ligasure	-2.07 [-2.77, -1.38]	97%
MJS > 3	7	578	Ligasure	-1.71 [-2.53, -0.89]	88%
Open	6	611	Ligasure	-2.08 [-3.32, -0.83]	97%
Closed	4	224	-	-1.83 [-2.58, -1.08]	99%
Pain day 14 (VAS score)	4	183	-	0.12 [-0.37, 0.12]	0%

Outcome	Studies (n)	Patients (n)	Favours	Effect size [95% CI]	HE
Operating time (min)	11	869	Ligasure	-9.15 [-15.09, -3.21]	100%
MJS > 3	8	612	Ligasure	-7.42 [-9.86, -4.98]	92%
Open	7	645	Ligasure	-7.54 [-9.48, -5.59]	92%
Closed	4	224	Ligasure	-12.02 [-24.05, 0.01]	99%
Intra-operative blood loss (ml)	2	124	Ligasure	-22.33 [-26.46, -18.20]	71%

Postoperative complications	Group 1 (LH, n = 42)	Group 2 (OH, n = 42)	P value
Late complications (> 4 weeks)			
Delayed wound healing	7 (16.67%)	17 (40.48%)	0.016*
Anal stenosis	1 (2.38%)	3 (7.14%)	0.306
Anal fissure	1 (2.38%)	2 (4.76%)	0.557
Recurrence (at 12 months)	1 (2.38%)	4 (9.14%)	0.167

Evidence

Longo vs. Milligan-Morgan

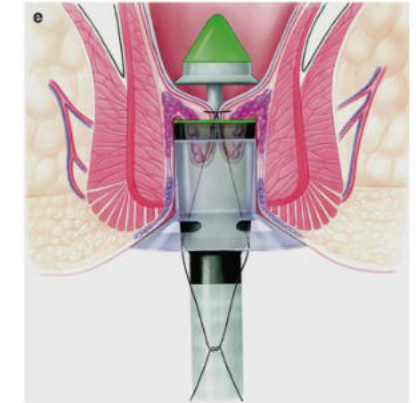
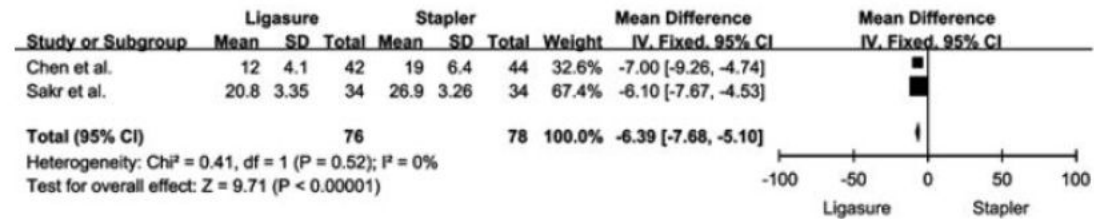
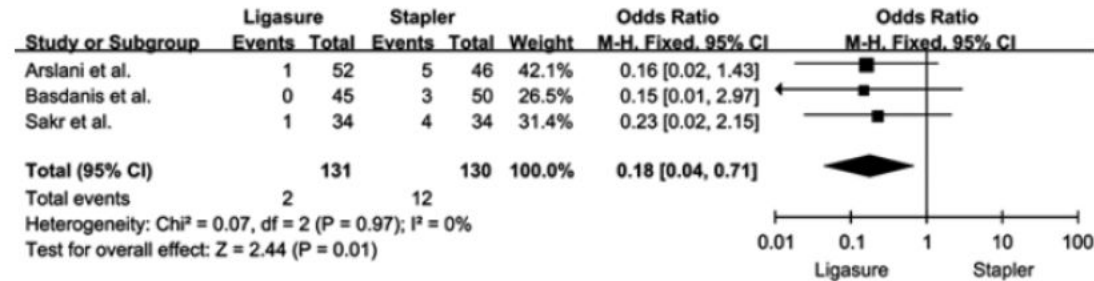


Ligasure vs. Longo



Recurrence

Operation time

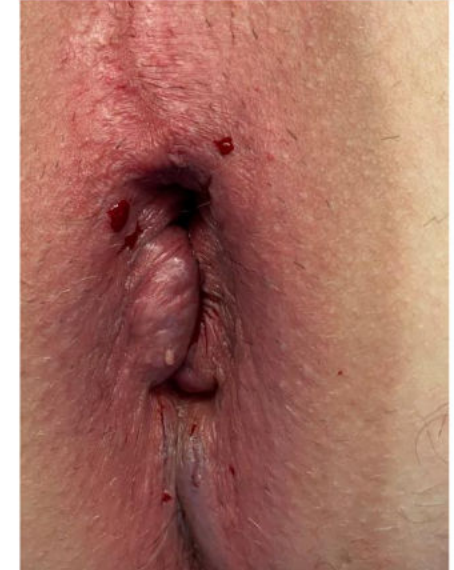


No differences in postoperative bleeding, urinary retention, difficult defecating, anal fissure, anal stenosis, incontinence, postoperative pain, return to normal activities, and hospital stay

Evidence

Longo S3-Leitlinien

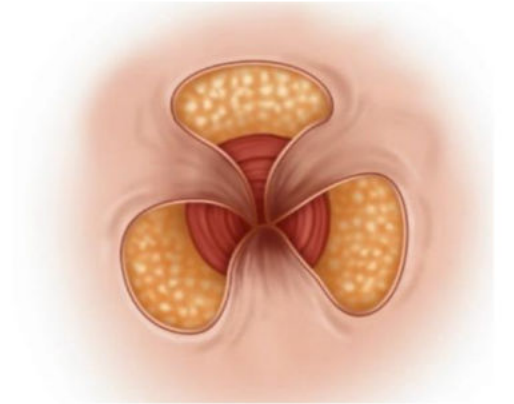
- Can be offered for Grade III
- Should not be applied for Grade IV



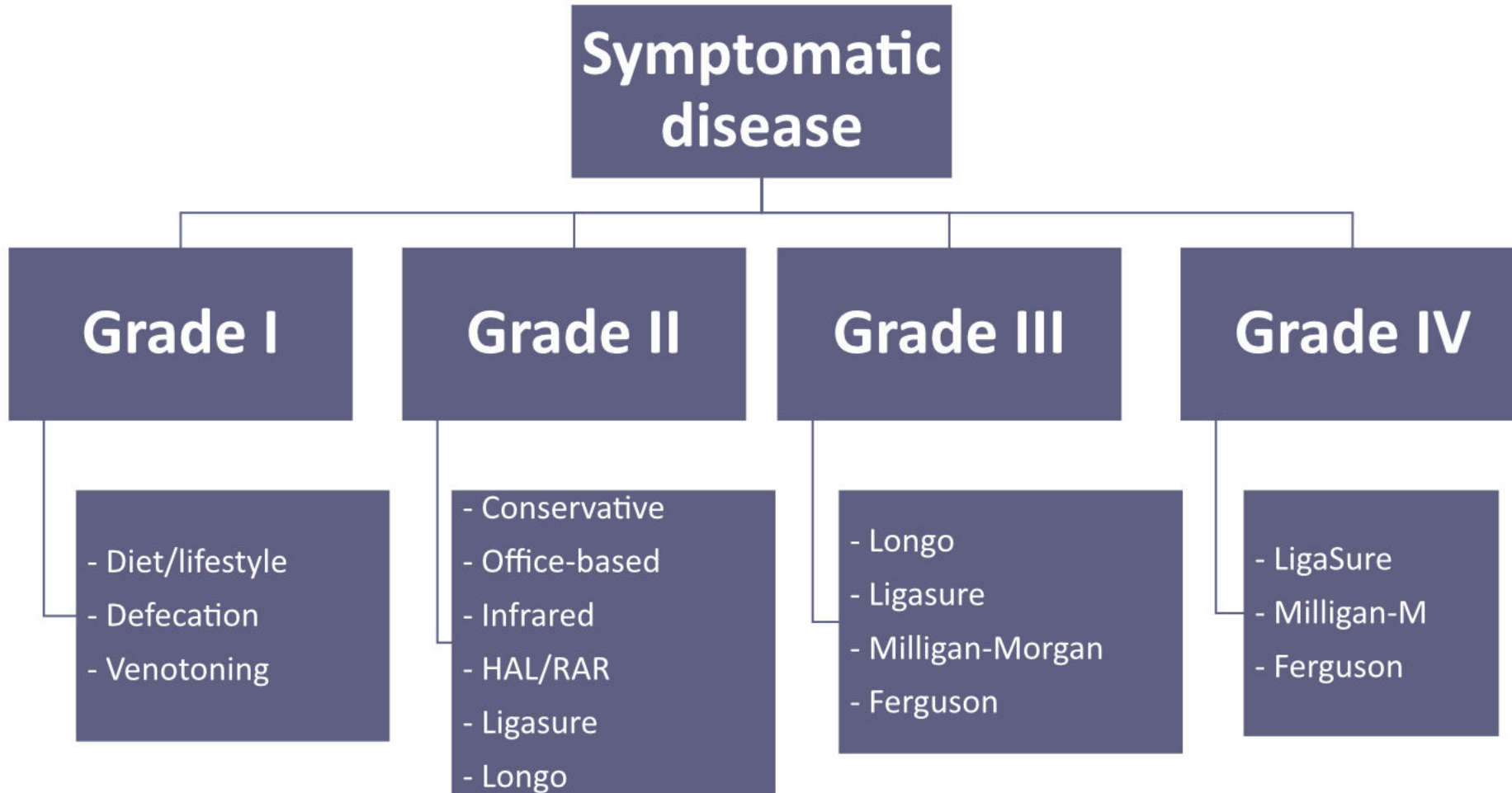
Infrared photocoagulation vs. Milligan-Morgen



Item	IRC Group (n = 20)	Hemorrhoidectomy Group (n = 20)	P Value
Bleeding	1 (5.0)	6 (30.0)	0.037
Recurrence	4 (20.0)	1 (5.0)	0.152
Time to returning work	1.85 ± 0.75	5.25 ± 1.33	<0.001
Length of hospital stay	1.05 ± 0.22	1.30 ± 0.57	0.075
Pain score (VAS)	2.85 ± 1.04	6.20 ± 1.51	<0.001



Treatment overview



Summary



- Well documented standard treatment options
- New tools for old techniques superior
- Novel techniques data limited
- Tailored approach still treatment of choice
 - No one size fits for all

Herzlichen Dank.
Haben Sie Fragen?

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Viszeral-, Tumor- und
Roboterchirurgie