New technologies in the surgical treatment of hemorrhoidal disease

Background: In recent years, the major concern in the management of hemorrhoidal disease postoperative recovery was mainly pain management, therefore we have created new technologies focused on the surgical treatment of internal hemorrhoids, including Ligasure hemorrhoidectomy, hemorrhoid dearterialization Doppler guided transanal ultrasound (THD) and PPH stapler, in order to improve surgical outcomes. According to the literature, hemorroidectomia with PPH stapler has shown high rates of recurrence and complications by 14%, among them are, abscess formation, dehiscence of the staple line and difficult to manage postoperative pain, so there is little literature that supports the management of hemorrhoidal disease with this technique.

Material & Methods: In our experience, we have analyzed the surgical results using Ligasure and THD with two small studies, the first was in June 2012 to August 2014 where we compared surgical outcomes and recurrence with a sample of 50 patients divided into two groups. Group A is treated with Ligasure and B with THD hemorrhoidectomy group. Both diagnosed with hemorrhoids grade III (80%) and grade IV (15%). Analyzing surgical time was 10.1 minutes for group A and group B was 18.7 minutes, intraoperative bleeding was 5 cc. Hospital stay was 1 day for both groups. Recovery time was 8.2 days for group A and 7 days for group B and return to work was 11.2 and 10 days respectively. Follow-up time ranging from 1 to 24 months without evidence of recurrence of the disease, however, three patients developed skin flaps without requiring surgical treatment.

Results: The second study was conducted with a sample of 180 patients during May 2011 to June 2015, diagnosed with hemorrhoids grade III (11%), grade IV (7%) and mixed hemorrhoid disease (79%), predominantly male (63%), which were treated with transanal Doppler-guided hemorrhoidal dearterialization (THD) ultrasound. Surgical time, intraoperative bleeding, postoperative pain intensity, complications, recurrence, recovery time and return time to work were analyzed. The predominant symptoms before surgery were bleeding (100%), strange body pains (79%) and pruritus (70%). The average operating time was 15.2 minutes (range 15-20 minutes), average bleeding of 5 ml was observed and hospital stay for 1 day (100%), 2.9% had urinary retention; on the scale of visual analog (VAS) at day 1 the patients had a value of 4 (range 2-7), at day 7 a value of 2 and day 30 a value of 0 in all patients. The average recovery time was 10 days and return to work was 14 days (range: 10-20 days). In both studies, pain was controlled with acetaminophen 750 mg three times daily, alternately with ketorolac 10 mg three times a day. 5 patients were given a combination of acetaminophen/tramadol 37.5 mg every 8 hours. All patients received prophylactic metronidazole 500 mg IV three doses and then 5 days via oral intake. A laxative (polyethylene glycol) and healing (ketanserin benzocaine) agent was used during the first two weeks; postoperative recurrence of 2.3%, 4 patients showed evidence of new external flaps.

Conclusion: Advances in minimally invasive treatment methods have proved adequate making quick recoveries. Time taken was for prolonged recovery and return to work in the treated group but not significantly Ligasure, so the two techniques demonstrate proper management of the disease with low recurrence rate in long term, less postoperative pain and complications.

Biography
Quintin H Gonzalez was Graduated MD by the Autonomous University of the State of Mexico (UAEM) and got his best average distinguished with the prize Up John to the academic excellence and the medal Ignacio Ramirez. He did his post-graduation in General Surgery in the National Institute of Nutrition Salvador Zubirán, distinguished as chief residents. He is a Sub specialist in Colorectal and advanced laparoscopic surgery in The University of Alabama at Birmingham, USA, distinguished as outstanding international school, certified by the Mexican boards in General Surgery, gastrointestinal surgery and the Mexican Board of specialists in diseases of the colon, rectum and anus. He is the past president of Mexican collage of coloproctology, distinguished as Doctor Honoris Causa in health at Perú in 2013. He is a member of Mexican Academy of surgery and national Academy Medicine and American Society of colon and rectal surgery, author of 70 articles published in indexed journals more than 300 conferences by invitations, 43 abstracts and 38 posters.

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