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Original Article

Lessons from the first 70 patients operated by doppler-guided haemorrhoidal artery ligation with mucopexy in a French team specialising in surgical proctology

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ABSTRACT

Background: Doppler-guided haemorrhoidal artery ligation with mucopexy is a minimal-invasive surgical technique. It is both effective and less painful than conventional haemorrhoidectomy.

Methods: We gathered records on all patients operated on between November 2012 and June 2014. Pre- and postoperative scores were calculated during consultation and then by phone. Unsuccessful surgical treatment was defined by persistent haemorrhoid symptoms within three months following the procedure and relapse defined by recurrent symptoms after the third postoperative month.

Results: During the period analysed, 70 patients underwent consecutive surgical procedures for haemorrhoid prolapse (52%), bleeding (29%), or both (17%). Hospitalisation was outpatient or overnight for 87% of patients. There were no complications in 92.7% of cases. The average period away from work was 11 days (± 6.5). The time between the procedure and last postoperative consultation, followed by telephone contact, was respectively 2.7 months (± 5.8) and 16.5 months (± 4.9). At the time of the postoperative telephone call, the Thaha et al. score decreased by 5.6 ($p < 0.001$), while the quality of life score decreased by 2 ($p < 0.001$). The Wexner score remained the same or improved for all patients except one. Treatment was unsuccessful for 6/67 patients (9%) and 10/61 patients (16.4%) experienced a subsequent recurrence in haemorrhoid symptoms. Only those over 51 years old were statistically associated with more frequent recurrences ($p = 0.044$).

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Conclusion: Doppler-guided haemorrhoidal artery ligation with mucopexy is an effective technique in the medium-term. Good tolerance in makes this treatment an attractive alternative to conventional haemorrhoidectomy.

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Lições dos primeiros 70 pacientes operados por ligadura de artéria hemorroidária guiada por doppler com mucopexia por uma equipe francesa especializada em proctologia cirúrgica

R E S U M O

Palavras-chave:
Desarterialização
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THD®

Experiência: A ligação de artéria hemorroidária com mucopexia orientada por Doppler é técnica cirúrgica minimamente invasiva. Esse procedimento é efetivo e menos doloroso do que a hemorroidectomia convencional.

Métodos: Reunimos os prontuários de todos os pacientes operados entre novembro de 2012 e junho de 2014. Foram calculados escores pré-operatórios e pós-operatórios durante as consultas e, em seguida, por telefone. Tratamento cirúrgico malsucedido foi definido como a persistência dos sintomas de hemorroidas dentro de três meses após o procedimento, e recidiva foi definida por sintomas recorrentes depois do terceiro mês do pós-operatório.

Resultados: Durante o período analisado, 70 pacientes passaram por procedimentos cirúrgicos consecutivos para prolapso de hemorroida (52%), sangramento (29%), ou ambos (17%). Para 87% dos pacientes, a hospitalização foi ambulatorial ou de pernoite. Não ocorreram complicações em 92,7% dos casos. O período médio de absenteísmo foi de $11 \pm 6,5$ dias. Os tempos transcorridos entre o procedimento e a última consulta no pós-operatório, seguida pelo contato telefônico, foram de respectivamente $2,7 \pm 5,8$ meses e $16,5 \pm 4,9$ meses. Por ocasião do contato telefônico no pós-operatório, o escore de Thaha et al. diminuiu em 5,6 pontos ($p < 0,001$), enquanto o escore de qualidade de vida diminuiu em 2 pontos ($p < 0,001$). O escore de Wexner permaneceu igual ou melhorou para todos os pacientes, exceto um. O tratamento não obteve sucesso para 6/67 pacientes (9%); e 10/61 pacientes (16,4%) sofreram uma subsequente recorrência nos sintomas hemorroidários. Apenas aqueles participantes com mais de 51 anos demonstraram associação estatística com recorrências mais frequentes ($p = 0,044$).

Conclusão: A ligação de artéria hemorroidária com mucopexia orientada por Doppler é técnica efetiva no meio termo. A boa tolerância faz com que esse tratamento seja uma alternativa efetiva à hemorroidectomia convencional.

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Introduction

The frequency of haemorrhoid symptoms in the general population varies between 4 and 35%.¹ Most often this is bleeding or prolapse.² Treatment involves lifestyle and dietary guidelines, medical treatment (topical treatments, bowel regulators) and/or instrumental treatment (sclerosis, infrared photocoagulation (IRC), rubber band ligation (RBL), etc.). However, it is estimated that 10% of patients undergo surgery.^{3,4} Triple pedicle haemorrhoidectomy, as described by Milligan and Morgan,⁵ is the reference technique in Europe where three wounds are left open. This causes pain that can be intense and requires daily care. Initial hospitalisation and absence from work for 2 to 4 weeks are unavoidable in most cases.⁶ The Doppler-guided haemorrhoidal artery ligation technique described by Morinaga et al.⁷ is proven

to be less painful ($p < 0.005$) with a shorter hospital stay ($p < 0.0001$) and a faster return to work ($p < 0.0005$) compared to haemorrhoidectomy.⁸ Along with the rate of recurrent prolapse, about 12–30% in some studies,^{9,10} the technique has advanced with the addition of mucopexy procedures.¹¹ The Doppler-guided haemorrhoidal artery ligation with mucopexy technique was compared to the Longo technique in at least six randomised controlled trials and showed a shorter hospital stay and rapid return to work with equal effectiveness in the short term.^{12–21} The technique was also compared to haemorrhoidectomy in at least six randomised controlled trials, which confirmed that it was equally effective in the short term, less painful and led to a reduced hospital stay with a faster return to work.^{12,17–21} In this context and given the growing interest in this technique among patients and practitioners, we assessed the tolerance and effectiveness of this treatment in our first patient participants.

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