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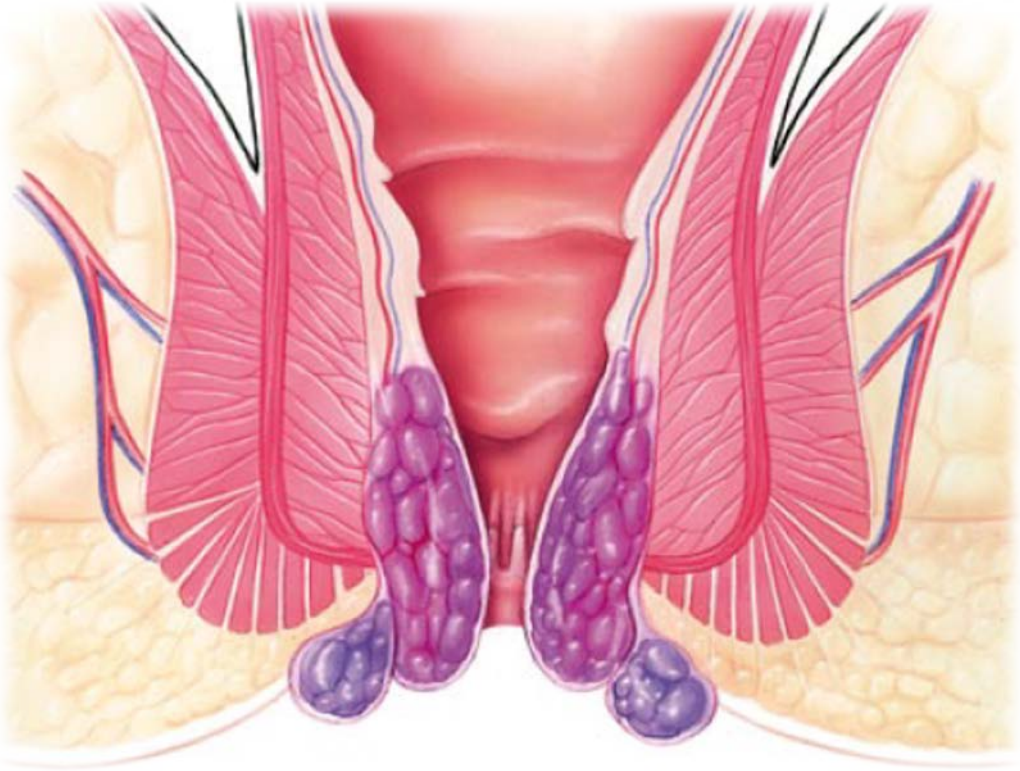
coloproctology
st. gallen & rorschach



Common Problems in Proctology:

***Haemorrhoids*?!**

Lukas Marti
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DGVC CACP

Referenzzentrum für chirurgische Koloproktologie

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What are haemorrhoids?

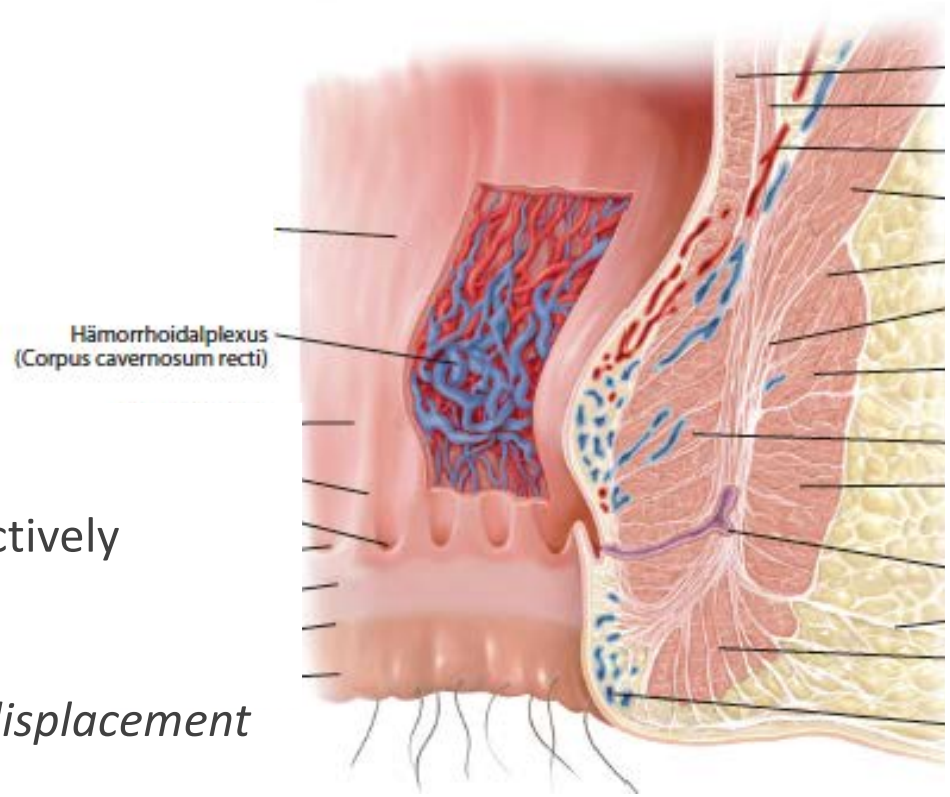
Definition of haemorrhoids:

- Greek: *haima=Blut; rhoos=flow*

- Plexus haemorrhoidalis superior =
  Corpus cavernosus recti (everybody)

→ **=** thumescent body, erectile tissue, respectively

→ Key-Part of the “continence organ”



- **Haemorrhoids:** “*enlargement and distal displacement of the normal anal cushions*“ happens
- If symptomatic: **Haemorrhoidal disease**

- Perianal veins: NO Haemorrhoids
  - Even though: Americans call them: “External hemorrhoids”

1. ***Lohsiriwat V.*** *Hemorrhoids: from basic pathophysiology to clinical management. World journal of gastroenterology 2012*
2. ***Joos AK, Arnold R, Borschitz T, Brandt J, J. Jongen J, Krammer H, et al.*** *Langfassung der S3-Leitlinie 081/007: Hämorrhoidalleiden 2019.*
3. ***Davis BR, Lee-Kong SA, Migaly J, Feingold DL, Steele SR.*** *The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Management of Hemorrhoids. Diseases of the colon and rectum 2018*

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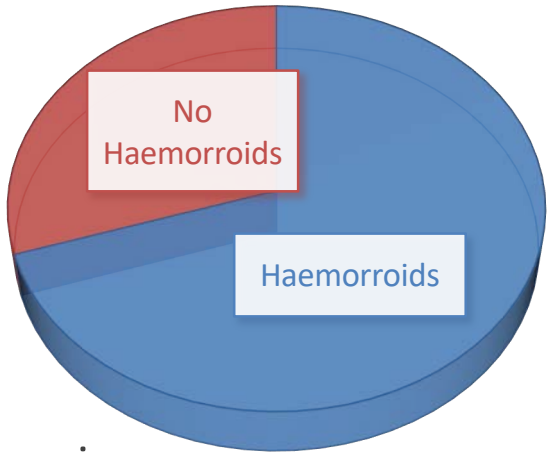
Are haemorrhoids: "*common*"?



Epidemiology

- Every review:
  - No good data on Prevalence and Incidence
  - Haemorrhoids the **most** common proctological diagnosis
- Underreported by "self-treatment"; special collectives analysed
  - ⇨ 4.4% Incidence (per year)[1]
  - "Colonoscopy population": 39% Prevalence[2]
  - ⇨ Lifetime Incidence: 70%[3]

- Even not really clear if haemorrhoids (asympt.) or haemorrhoidal disease?
  - Not all need to be operated…[3]
  - **But YES; haemorrhoids are common!**

1. ***Lohsiriwat V.*** *Hemorrhoids: from basic pathophysiology to clinical management. World journal of gastroenterology 2012*
2. ***Riss S, Weiser FA, Schwameis K, et al.*** *The prevalence of hemorrhoids in adults. International journal of colorectal disease 2012*
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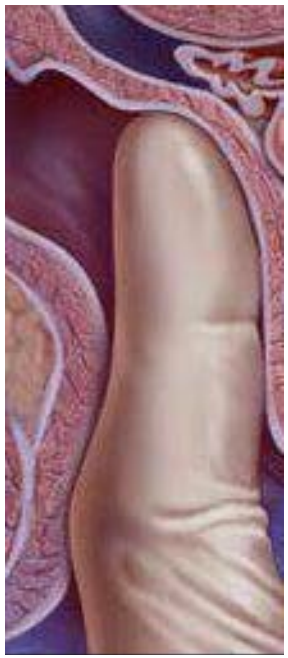
Not all anal complaints are hemorrhoids…



Many general practitioners (GPs) do not look at the anus…

- Patients often think it's haemorrhoids
  - 63% of abdominal- or/and anal complaints
  - Only 18% were really haemorrhoids
  - ⇨ So patients often are wrong…(only in 29% correct)[1]

- GP often refer patients as "having haemorrhoids":
  - Even, if they do an investigation, they are often wrong (<50%(!))[2]
  - Investigate the patient profoundly (ask, look, palpate…)

1. ***Rohde H, Christ H:*** *Hämorrhoiden werden zu häufig vermutet und behandelt. Dtsch med Wochenschr 2004*
2. ***Grucela A, Salinas H, Khaitov S, Steinhagen, RM, Gorfine, SR,*** *Chessin, DB: Prospective analysis of clinician accuracy in the diagnosis of benign anal pathology: comparison across specialties and years of experience. Dis Colon Rectum 2010*

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Pathogenesis/Aetiology/Risk factors…

Why do we get haemorrhoids?!

- Aethiopathogenesis is **poorly understood**
  - Miles: main arteries at 3/7/11 o’clock
  - ⇨ Newer investigations could not show that!
  - Changes of the arteriovenous pl./longitudinal submuc. muscle&collagenous fibres
  - ⇨ Sliding anal canal lining theory (**not** varicosis/**not** high pressure in portal vein)
  - ⇨ Further changes: inflammation, angioproliferation, augmented bloodflow,..
  - ⇨ Change of anorectal physiology: internal sphincter pressure⇧, hypersensitivitiy….
- **Riskfactors**, might be:
  - Adipositas, excessive alcohol intake, spicy food, diarrhoea, constipation, -plegia
  - Also discussed, but rather not, pregnancy, low fibre diet
  - Might be protective: weakended anal sphincters

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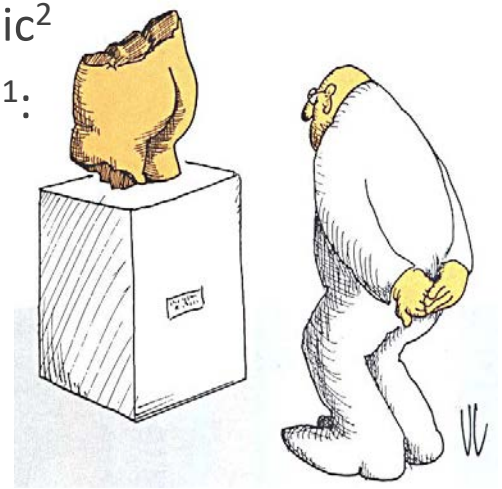
Symptoms…

Most common symptoms in haemorrhoids:

- Only about 45% of patients with haemorrhoids are symptomatic[2]
- Commonly reported symptoms(% symptomatic haemorrhoids)[1]:
  - Itching (60%)
  - Prolapse
  - Troublesome ozzing
  - Soiling (Even faecal incontinence)(10%)
  - Pain (normally **not!**) (Discomfort 20%)
  - Bleeding (55%)
- The symptoms do not correlate with the degree of haemorrhoids[2]
- The haemorrhoidal symptoms are normally mixed and not specific[3]



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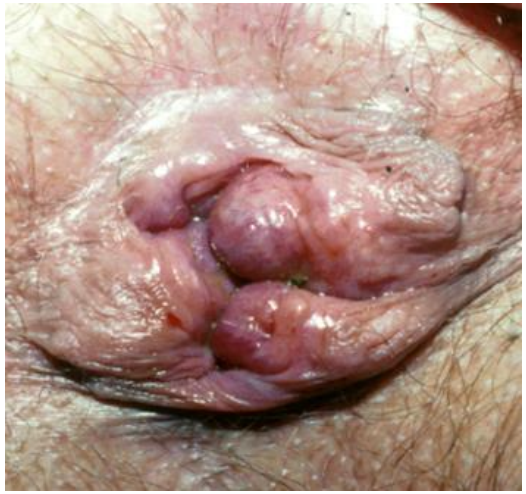
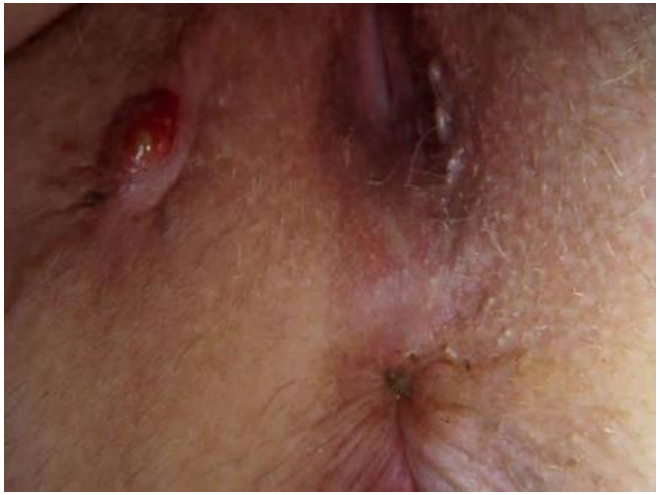
DD: itching…

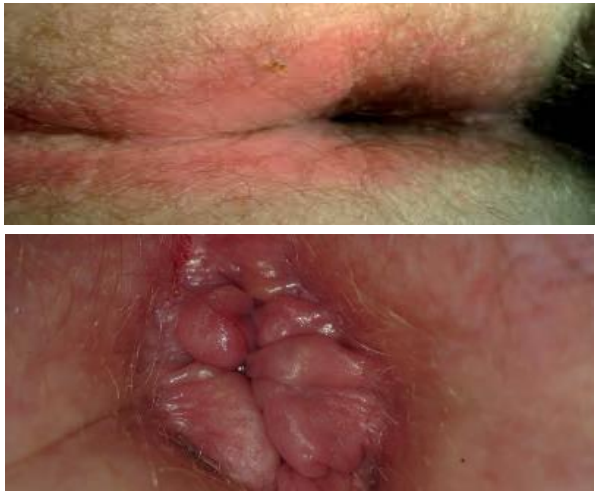
Very common symptom:



Haemorrhoids



Fistula in ano
Anal fissure

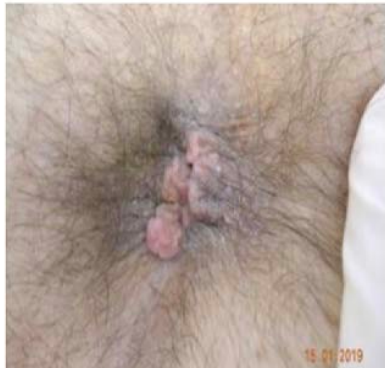


Eczema
Skin tags
Exaggerated hygiene

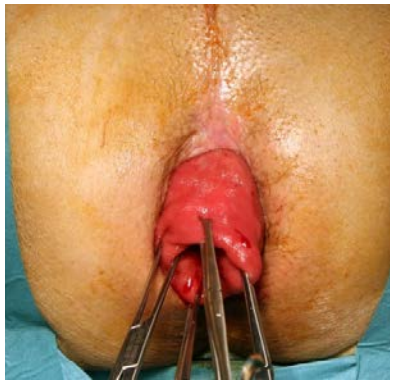
- ⇨ Often caused by leaking of mucus or small amount of faeces
- • Many other diagnoses as potential cause of the symptom
- ⇨ Most commonly caused by toxic or allergene agens
- ⇨ Sometimes no definable cause “pruitus ani sine marteria”

DD: Prolapse; feeling anal nodules…

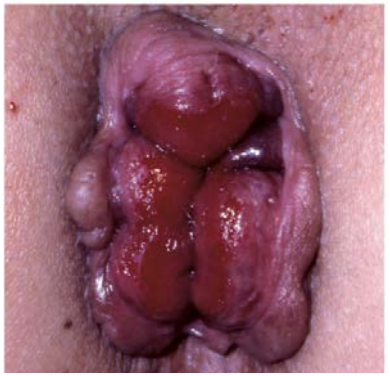
«Anal-Nodule», that doesn't belong there



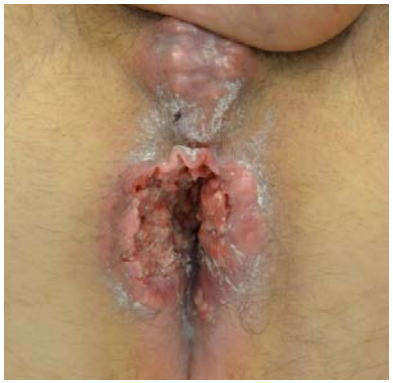
«to much skin»:
Skin tags
(Thrombosed)perinanal vein
Condyloma



Rectal Prolapse
(complete Rectalwall)



Haemorrhoids a./o.
Anal-Prolapse
(only Mucosa)



«Tumor»:
Anal Cancer

- Haemorrhoids; Mucosal Analprolapse; Rectalprolapse:
  - Rectal and/or Analmucosa is exposed
  - Can normally be reduced
  - ⇨ Radial folds: Mucosal-Prolapse – Circular folds: complete wall prolapse

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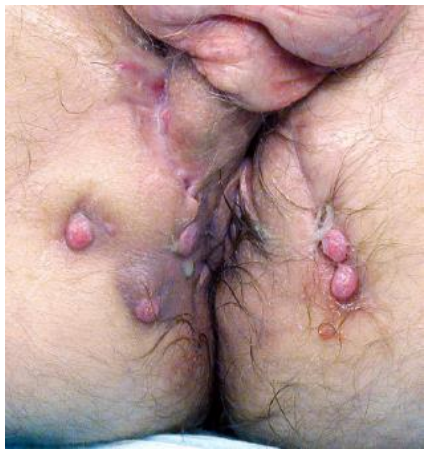
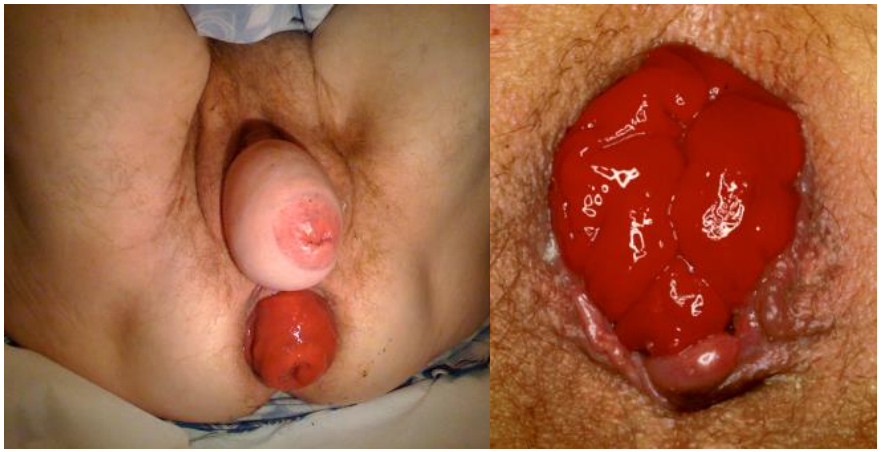
DD: troublesome oozing…

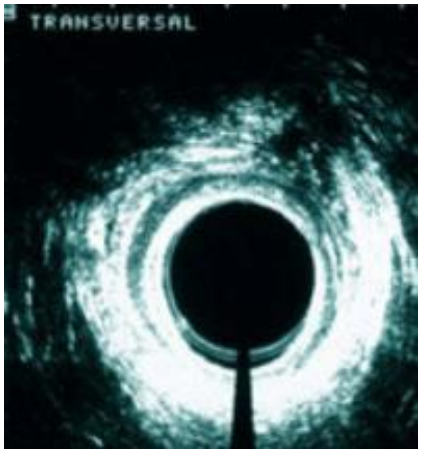
«wet skin around anus»; secretion of liquids



Fistula in ano
Acne inversa



Prolapse (Rectal prolapse,
Analprolapse & Haemorrhoids)



(Faecal-)Incontinence
e.g. sphincter defect

- The feeling of a “wet anus” is quiet common in haemorrhoidal patients
  - Still there can be other illnesses as cause
  - And there can be more than one anal pathology
  - ⇨ So have a close look!

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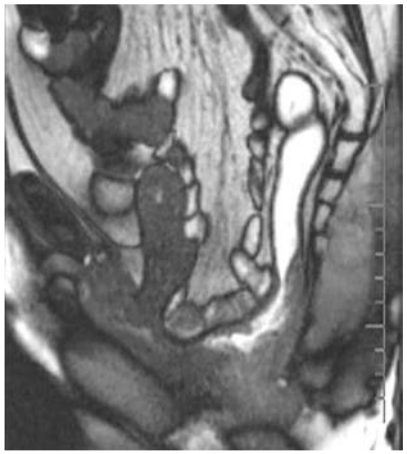
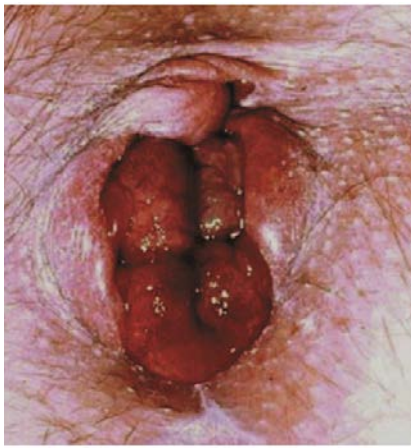
DD: soiling; faecal incontinence…

Underreported!!

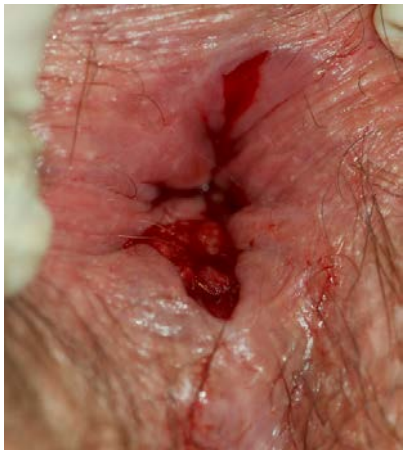
«weakened sphincters»
e.g. after anal surgery



Perineal descent
Intussusception/
Rectal Prolapse



Haemorrhoids a./o.
Anal-Prolapse



«Tumor»:
Anal Cancer
Rectal Cancer

- Is quiet common in haemorrhoidal patients
  - Soiling of underwear
  - Some patients are wearing panty liners, pads or diapers
  - High rate of “non reporting” because of shame
  - ⇨ Ask them about continence

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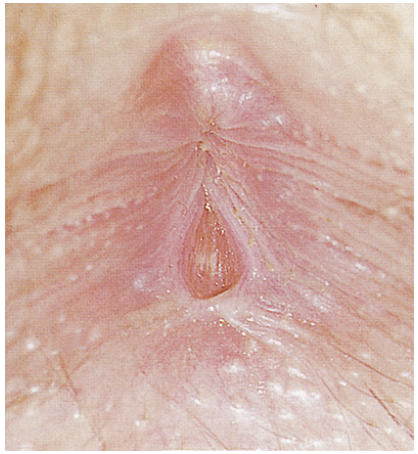
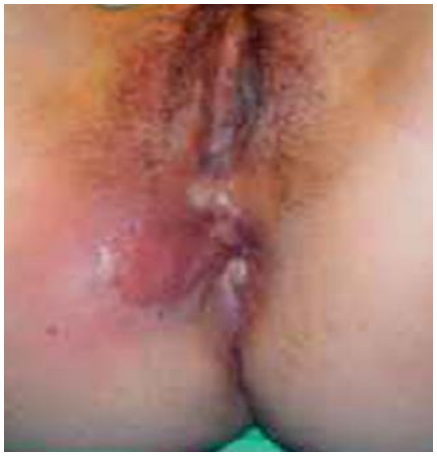
DD: Anal Pain…

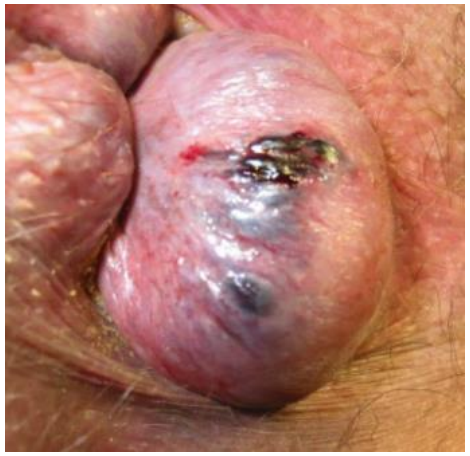
Hämorrhoids do not hurt; except…



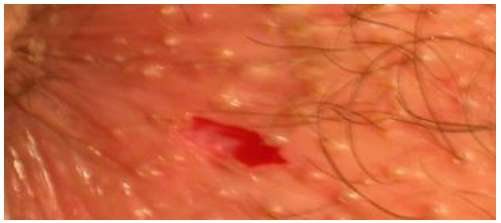
Anal fissure



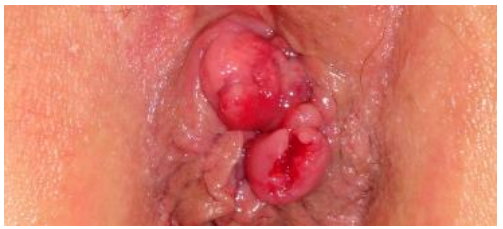
Abscess



Thrombosis



Wound of perianal skin

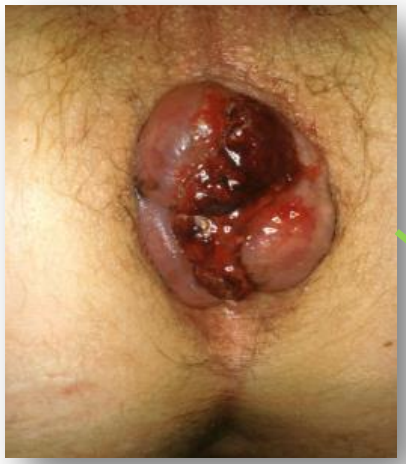


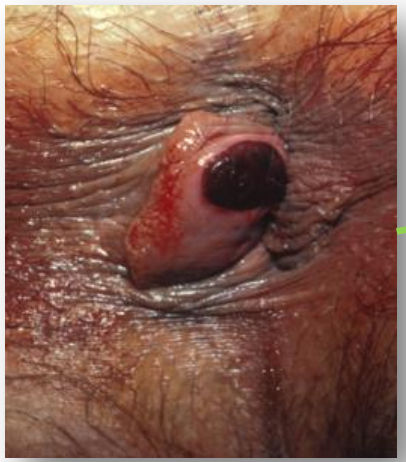
Tumor

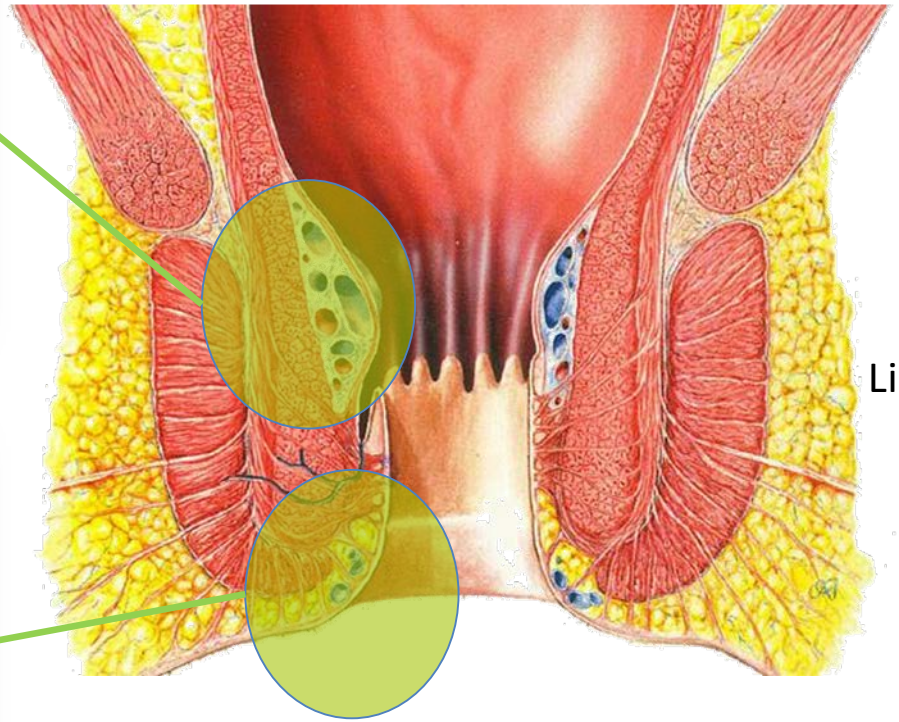
- They are acutely thrombosed
  - Trial of initial conservative treatment (antiflammatory drugs, cool it, bedrest)
  - ⇨ If not successful: emergency operation
  - ⇨ If amelioration; early elective operation

DD: Anal Pain…

Thrombosis of perianal veins v.s. thrombosed VI°haemorrhoids…



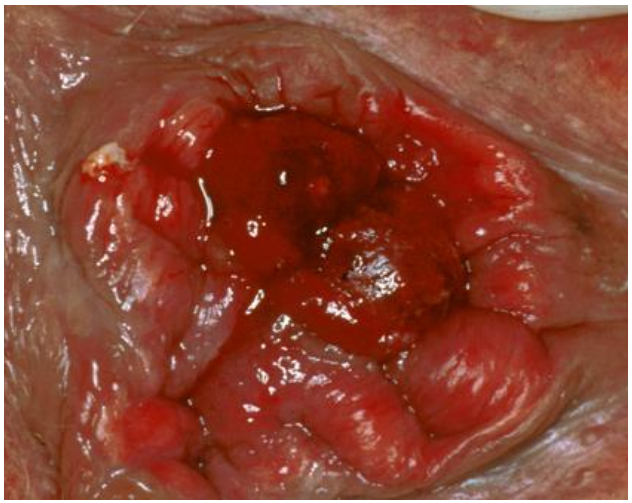




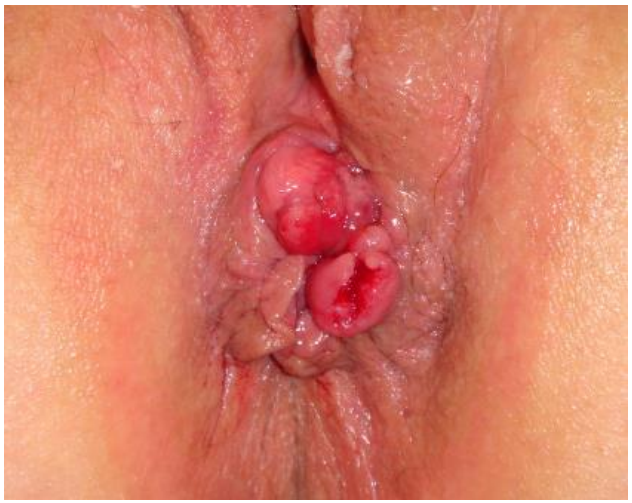
Linea dentata

DD: Bleeding...

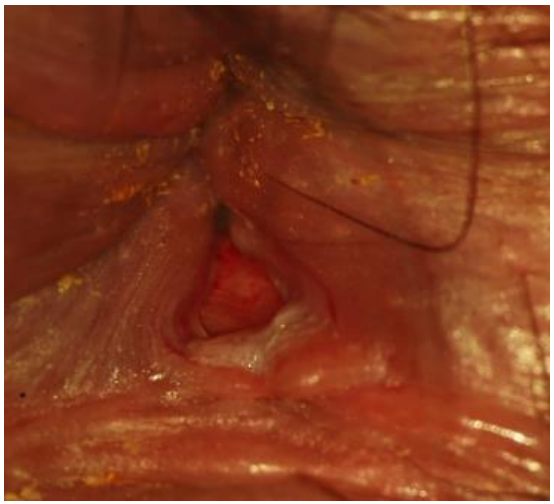
The most common symptom of Haemorrhoids



Haemorrhoids



Cancer (anal & colorectal)



Anal fissure

- Normally bright red blood at or after defecation
- Seen dripping in the toilet bowl or on toilet paper…
- But often not typical!

→ When in doubt: further investigation is warranted

1. **Jacobs D.** *Clinical practice. Hemorrhoids. N Engl J Med 2014*
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At the end of the day, outpatient clinics:

Last case; «only» haemorrhoids; evening beer seemed close

- A 48 year old Male
  - referred by external gastroenterologist:
  - ⇨ haemorrhoidal-problems since 2 years
  - Colonoscopy 1.5 years ago:
  - ⇨ Nothing except haemorrhoids

- So I thought:
  - Easy, no problem
  - Let’s consent him, and “get him operated”

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Surprise, surprise:

Haemorrhoids?!

- History at the outpatient's clinic:
  - Passing "dark" blood at defecation
  - Pain, aggraviated at defecation and "when sitting"

⇨ Already then: Symptoms are not really typical for haemorrhoids…

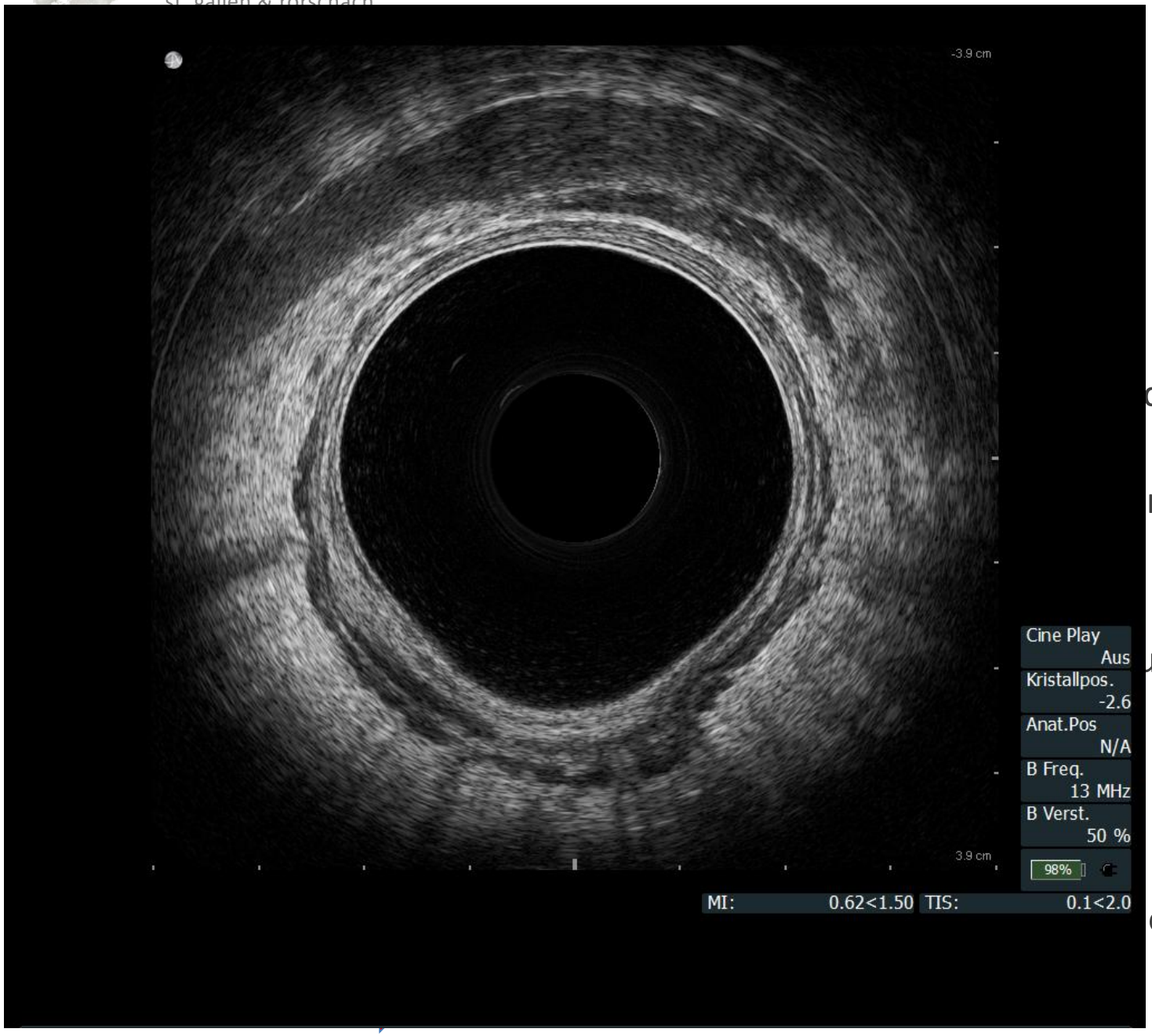
Surprise, surprise:

Haemorrhoids?!

- History at the outpatient's clinic:
  - Passing "dark" blood at defecation
  - Pain, aggraviated at defecation and "when sitting"
- Clinical investigation:
  - *Inspection:*
    - ⇨ Normal anus, slight haemorrhoidal prolapse on straining
  - *Digital rectal examination:*
    - ⇨ Tumour dorsal at about 3 cm form anal verge
    - ⇨ Attached, can not be moved from the puborectal muscle
    - ⇨ Normal sphincter function
  - *Rectoscopy:*
    - ⇨ Exulcerated tumour, suggestive for cancer
  - *Endosonography:*
    - ⇨ suspect for infiltration of the sphincters and pelvic floor

NO haemorrhoids – very low rectal cancer!

Surprise, surprise:



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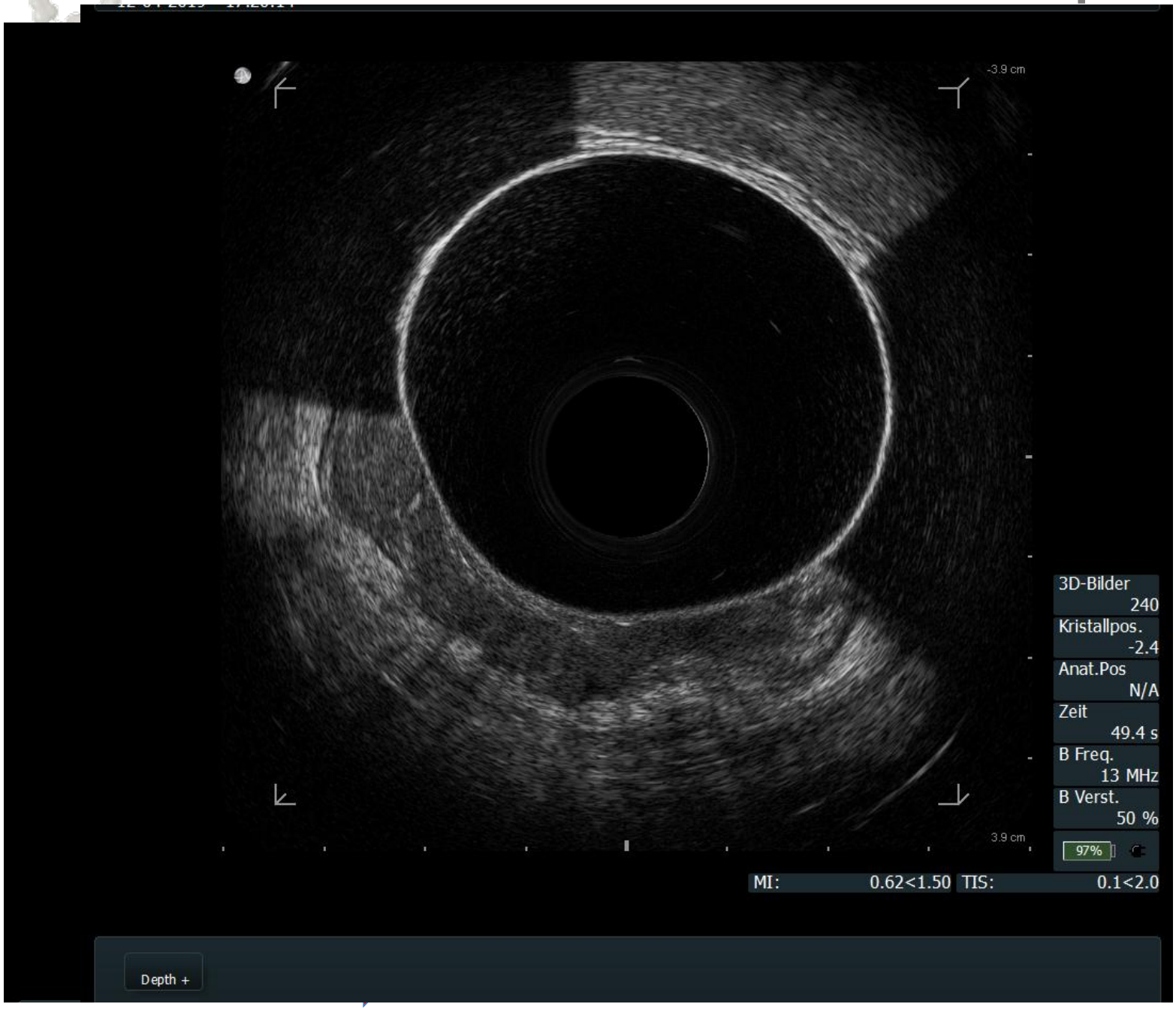

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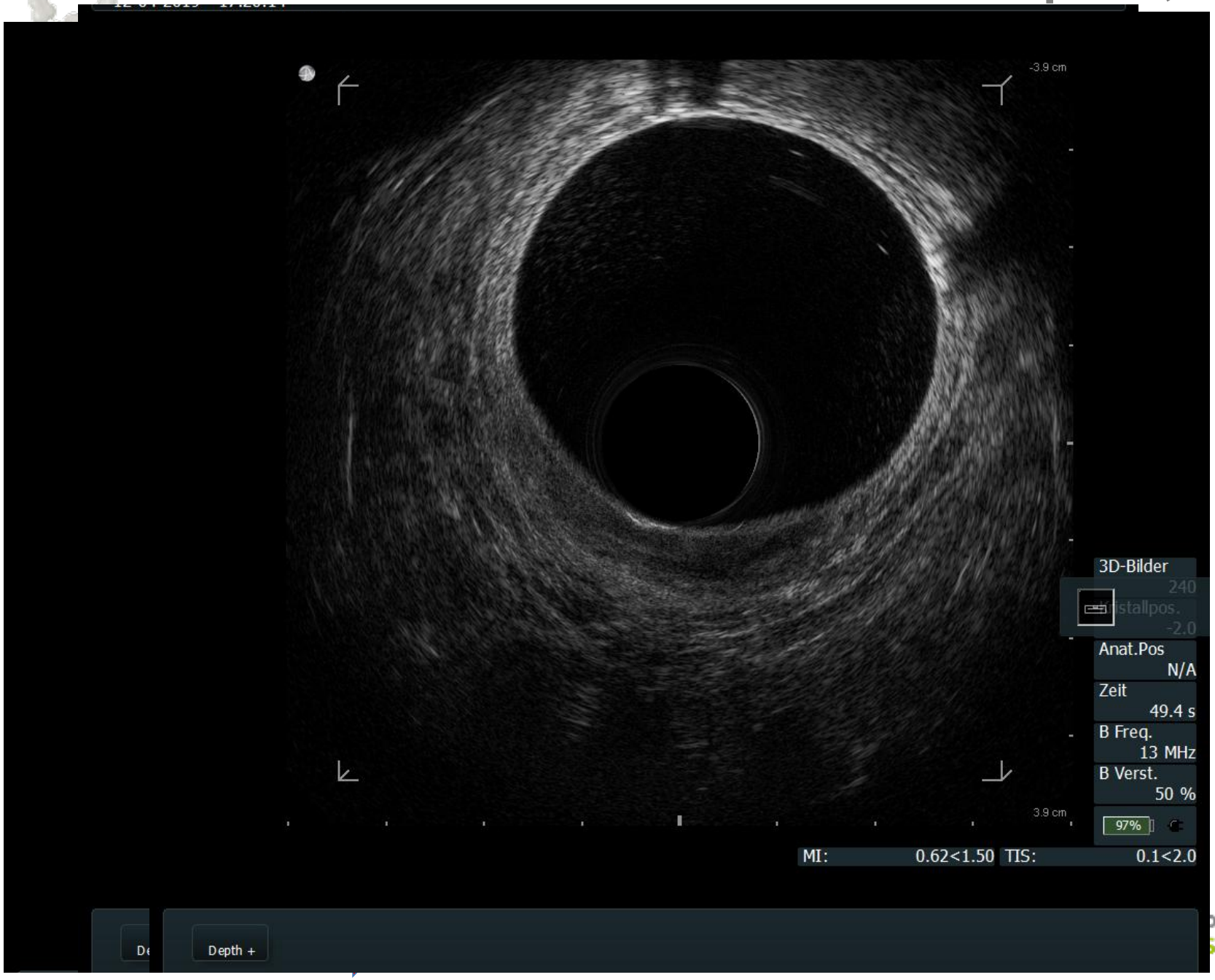

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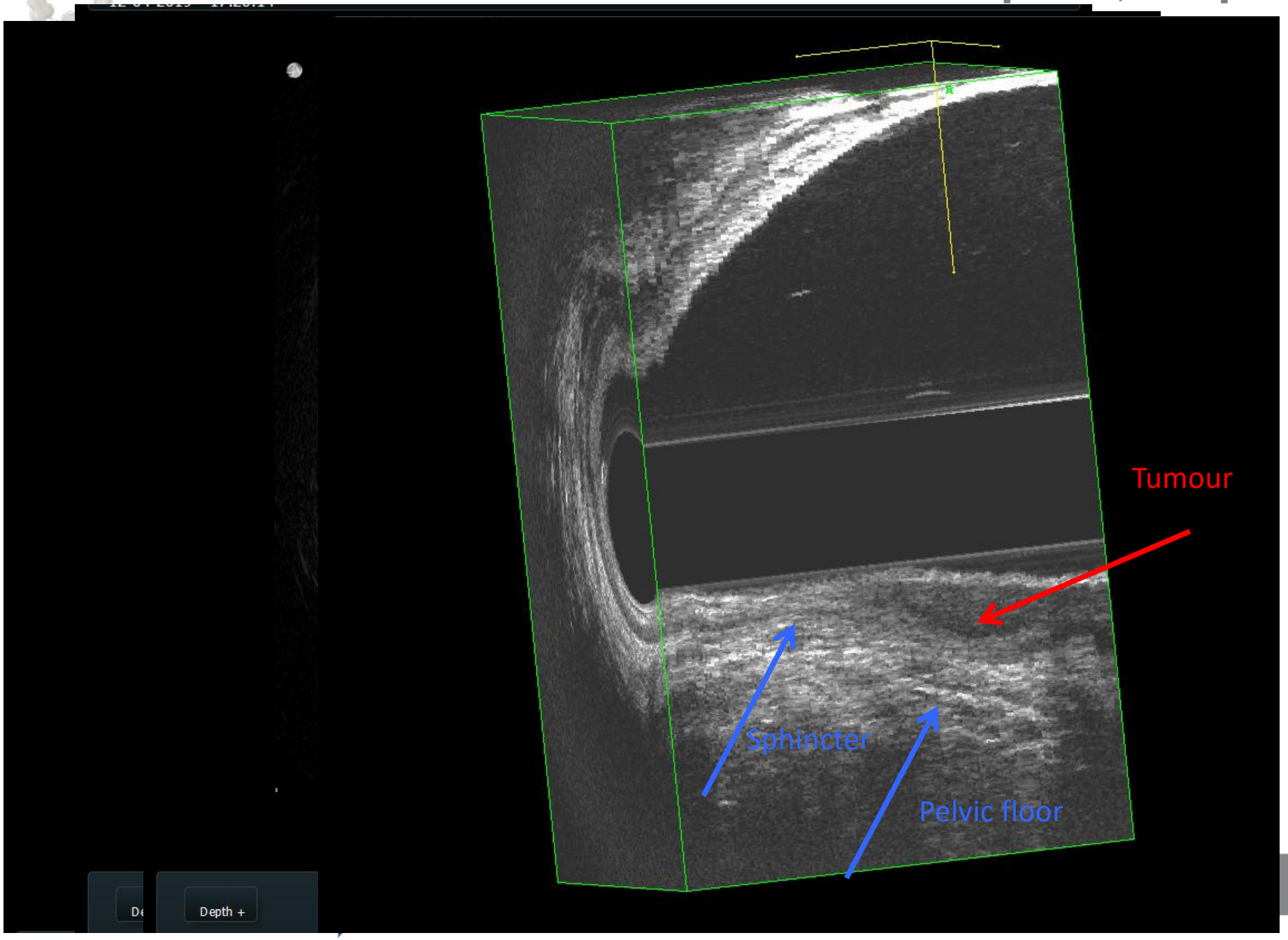
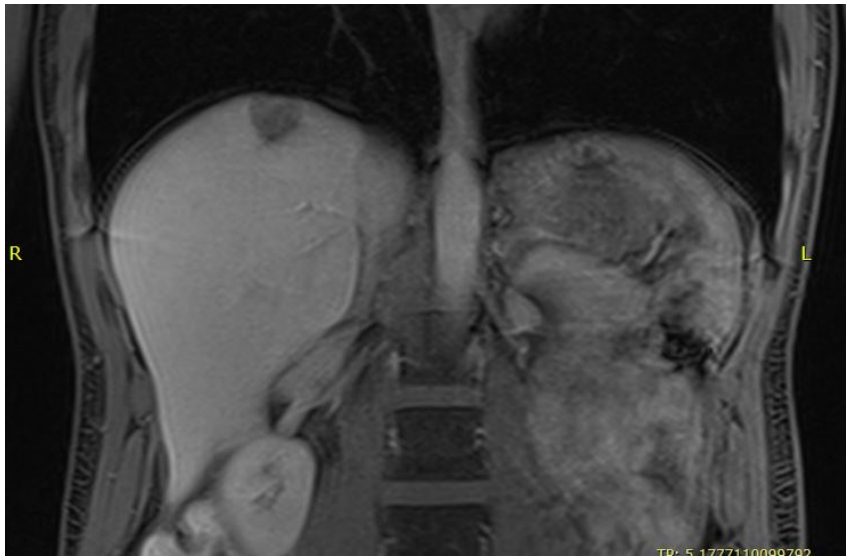


Outcome…

Unfortunatly we were right

- Chemoradiation for 6 Weeks; Waiting intervall of 8 Weeks
- Extended, cylindrical abdomino perineal resection: uneventful
- Recovery: uneventful, so far...
- Pathology (5th September 2019): → pyT4; pyN1; spincter infiltrated.....

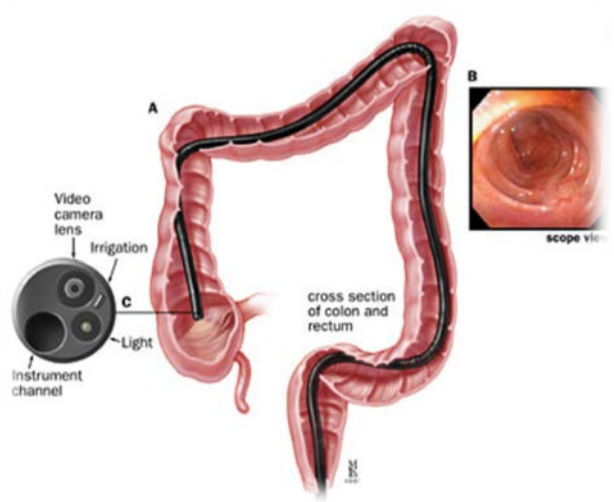


- Diagnosis of metacronous liver metastases
- Shrinking under adjuvante chemotherapy
- Hemihepatectomy….uneventful operation and recovery
- Pathology: R0 resected liver metastases

Diagnostic work-up

What investigations should be performed?

- A profound proctological investigation with
  - History taking of symptoms and riskfactor (family: cancer cases? etc.)
  - Anoscopy/rectoscopy:
  - → 99% accuracy for diagnosis of haemorrhoids
  - → Better than colonoscopy!
- If young, clear diagnosis of haemorrhoids:
  - ⇢ No risk factors: treat haemorrhoids
  - ⇢ If symptoms(bleeding) persist go for colonoscopy
- If >50 years, any suspicious findings, or risk factors
  - ⇢ Do further investigations (Colonoscopy/EUS/radiography)!
  - ⇢ If other diagnosis is excluded: treat haemorrhoids



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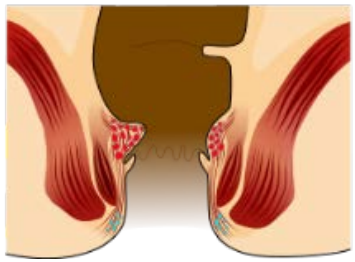
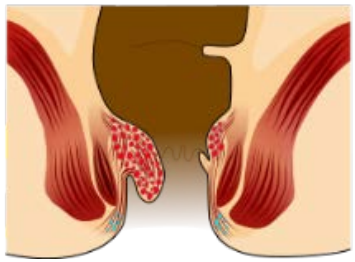
Grading

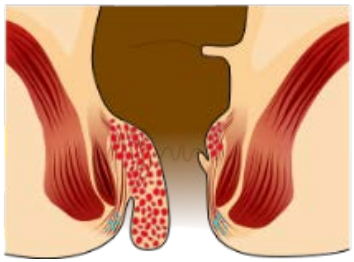
Goligher classification:



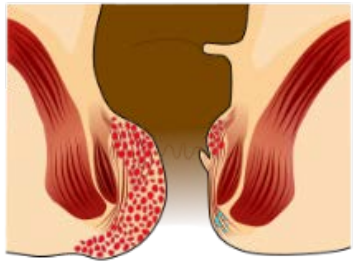
Grade I:
No prolapse. Just prominent blood vessels



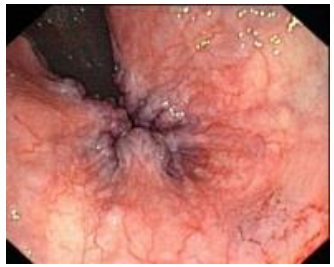
Grade II:
Prolapse upon bearing down but spontaneously reduce

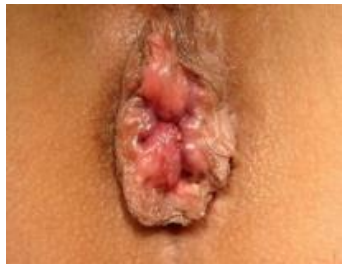


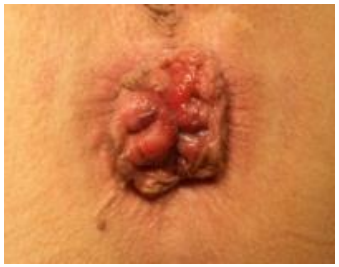
Grade III:
Prolapse upon bearing down and requires manual reduction

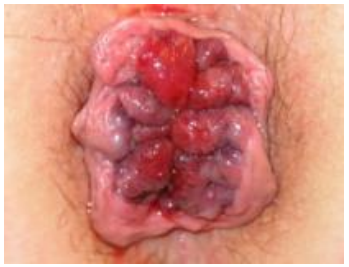


Grade IV:
Prolapsed and cannot be manually reduced









⇨ Easy to use, easy to remember!

Therapy: Outcome-Parameter

How do we guide our steps for finding the ideal therapy:

- Religious «experts opinions»:
  - Haemorrhoidectomy is a destructive procedure!
  - Haemorrhoidopexy is a reconstructive procedure!
  - → Therefore, Haemorrhoidpexy has to be performed…[1]

1. ***Pacravan.*** *At the meeting of german coloproctologists 2015*

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Therapy: Outcome-Parameter

How do we guide our steps for finding the ideal therapy:

- No we go for evidence based surgery!

1. ***Pacravan.*** *At the meeting of german coloproctologists 2015*

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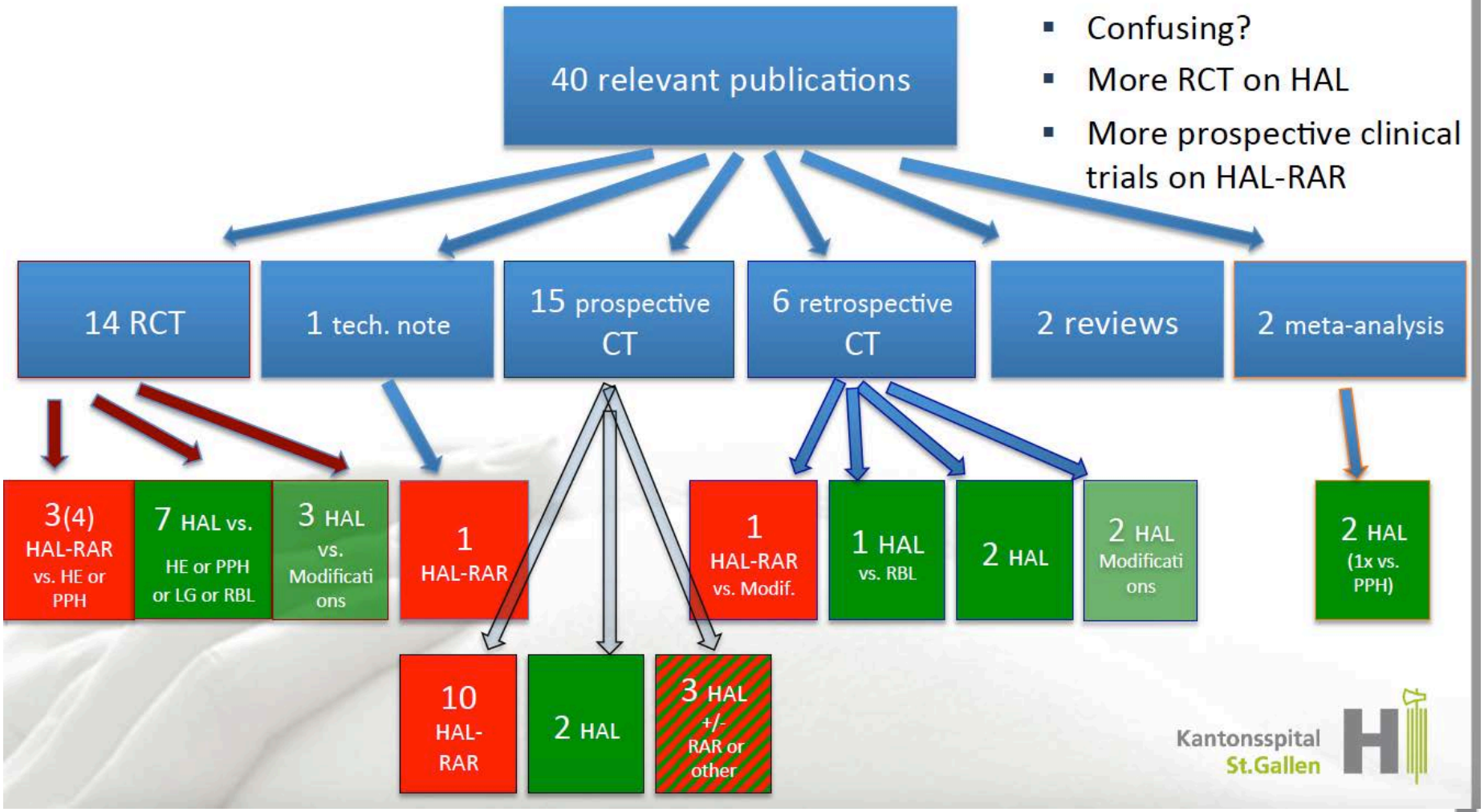
Therapy: Outcome-Parameter

Method: review of the literature



- Confusing?
- More RCT on HAL
- More prospective clinical trials on HAL-RAR

1. ***Pacravan.*** *At the meeting of german coloproctologists 2015*

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Therapy: Outcome-Parameter

How do we guide our steps for finding the ideal therapy:

Compare:

- How efficient is the treatment
  - Prolapse cured?
  - Reccurences?
  - Persisting haemorrhoidal symptoms?
- Consequences of the treatment
  - postoperative pain
  - Open wounds?
  - Complications?
  - Negative longtime sequelae

1. ***Pacravan.*** *At the meeting of german coloproctologists 2015*

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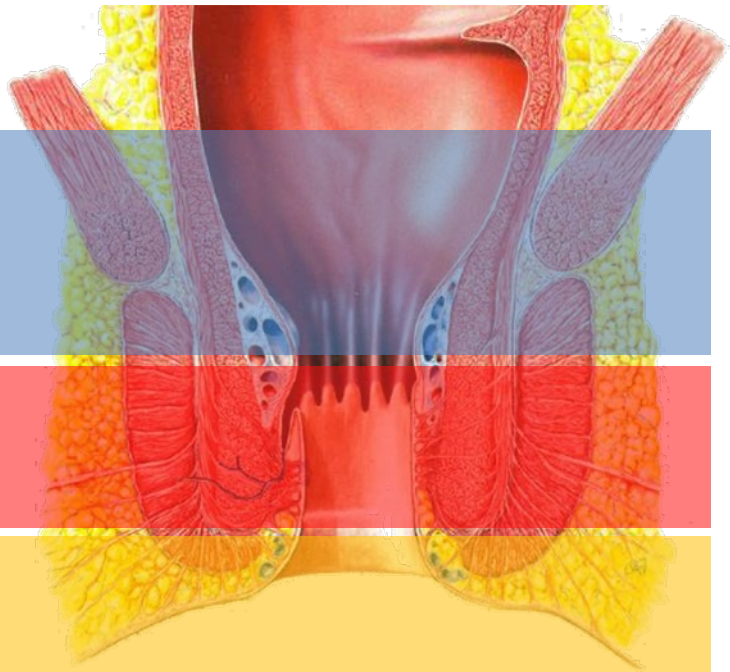
Therapy: Postoperative Pain….

Classical Haemorrhoidectomy – really painful:



Low Pain Sensitivity

Rubberband Ligations
Longo / Stapler Hämorrhoidopexy
HAL / RAR

Very high Pain Sensitivity

Haemorrhoidectomy

High Pain Sensitivity

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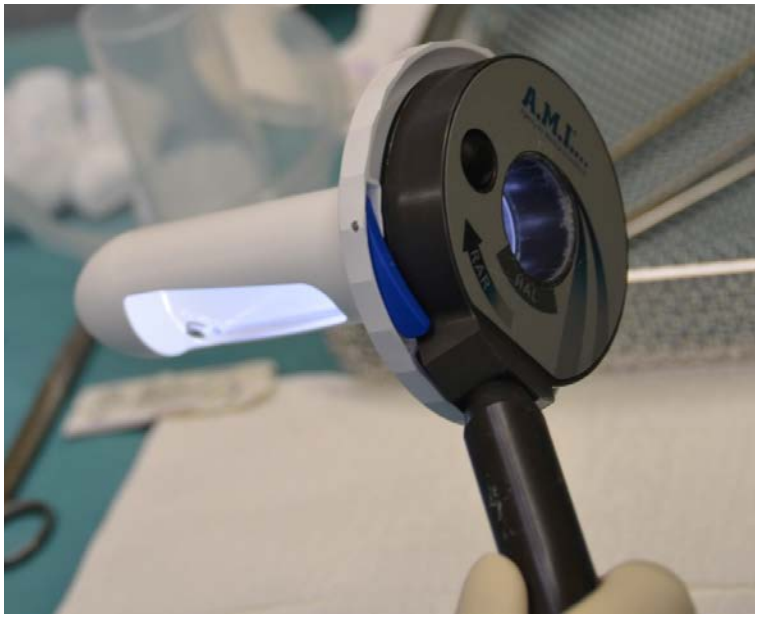
Haemorrhoidal artery ligation (HAL)



What is HAL, how is it done, results?

Introduced by Morinaga 1995[1]

Different tools and providers

Ligation of strong arteries in the lower rectum

Reduction of blood supply to the hemorrhoids

Detection using a doppler probe

Ideally two “circles”

6 to 10 “z”-ligations; 5/8 suture; “no main arteries”

Symptom-regression correlates with no. of ligatures[2]

1. **Morinaga K et al.** *Am J Gastroenterol. 1995;* 2. **Roka S et al.** *Eur Surg. 2013*
3. **Walega P et al.** *Surgical endoscopy 2008* ; 4. **Giordano P et al.** *Diseases of the colon and rectum 2009*
5. **Brown S, Tiernan J, Biggs K, et al.** The HubBLe Trial:*Health Technol Assess* 2016

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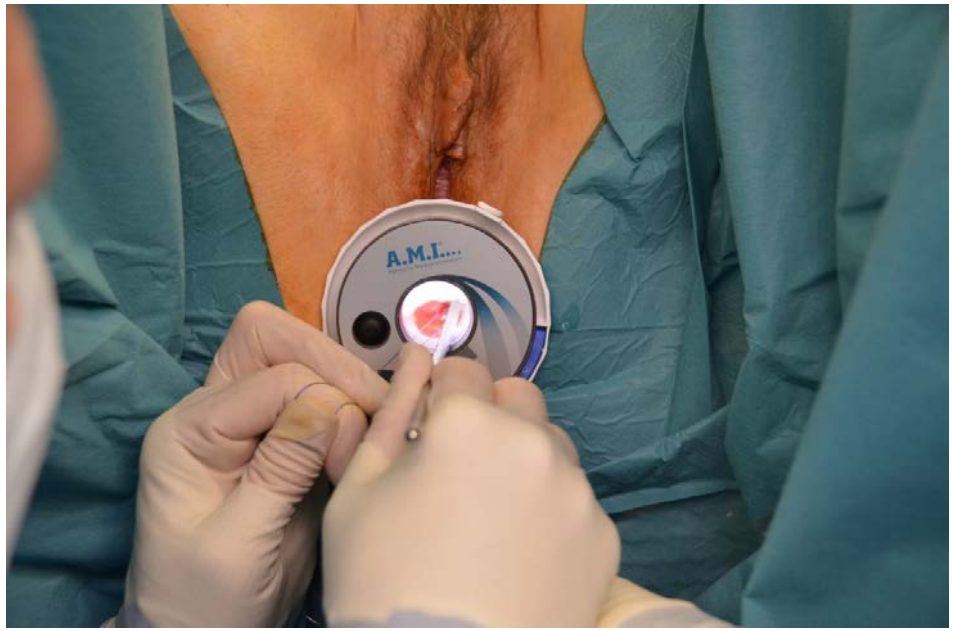
Haemorrhoidal artery ligation (HAL)

What is HAL, how is it done, results?



- Good efficiency in II° Haemorrhoids [3,4]
- High recurrence rate in >II° Haemorrhoids [3,4]
- Less recurrence in II° Haemorrhoids than Rubber band ligation[5]
- No open wounds
- Low pain[3,4]

⇨ **Ideal procedure for II° Haemorrhoids**

1. **Morinaga K et al.** *Am J Gastroenterol. 1995;* 2. **Roka S et al.** *Eur Surg. 2013*
3. **Walega P et al.** *Surgical endoscopy 2008* ; 4. **Giordano P et al.** *Diseases of the colon and rectum 2009*
5. **Brown S, Tiernan J, Biggs K, et al.** The HubBLe Trial:*Health Technol Assess* 2016

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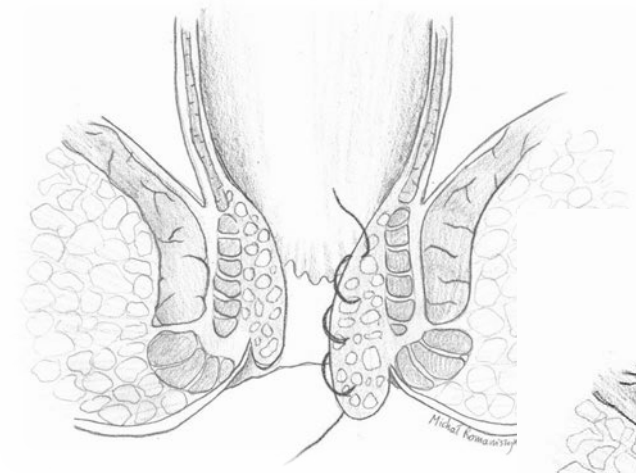
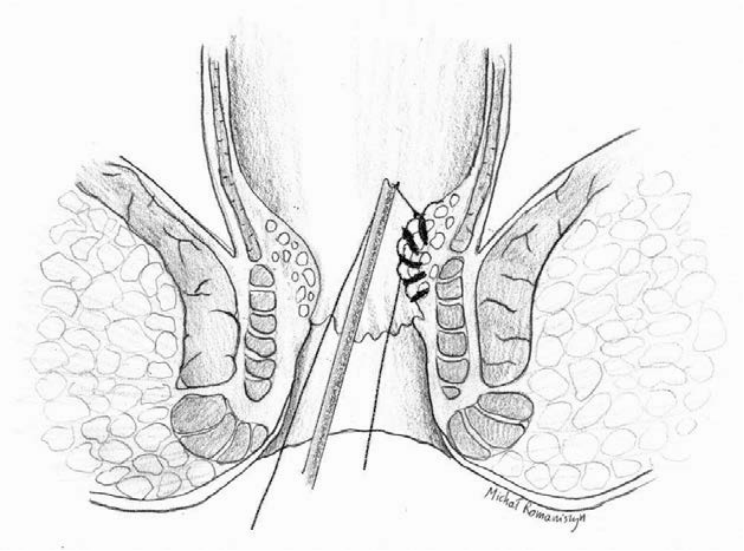
HAL & RectoAnalRepair (HAL-RAR)

HAL & RectoAnalRepair:





- **r**ecto **a**nal **r**epair
- Primary „HAL“ is conducted
- Biggest prolabsing cushions → RAR
- **3**(2-4) „running suture“ from cranial to distal
- 5mm above linea dentata „stop“
- Lifting distal tissue by tying to the proximal „entry point“ of the suture

[1] **Scheyer M.** *Gastroenterol Clin Biol. 2008* [2] **Roka S et al.** *Eur Surg. 2013*

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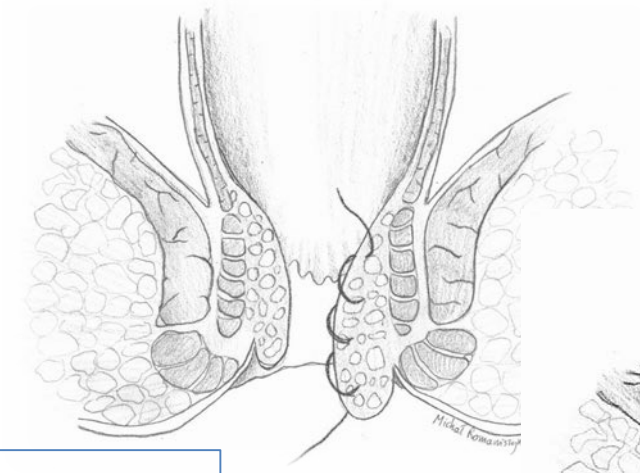
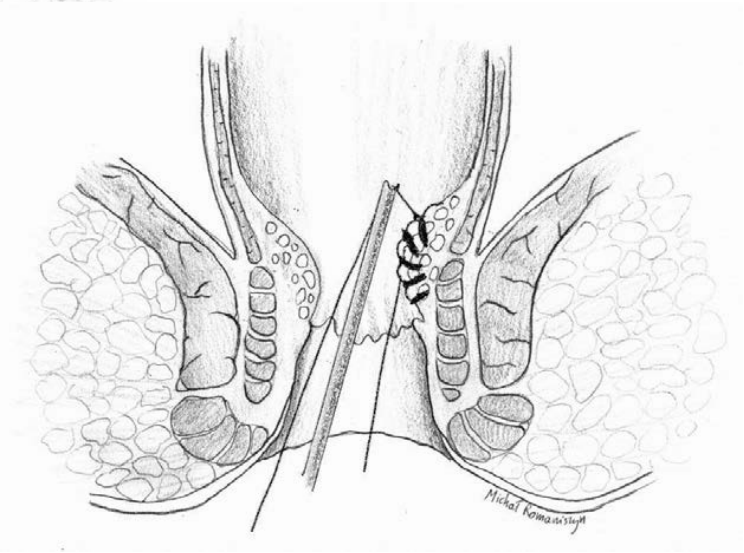
HAL & RectoAnalRepair (HAL-RAR)

HAL & RectoAnalRepair:





Results:

HAL-RAR:

- **Effective in (II)III° >** 92%[3,4]
- **Recurrent prolapses in IV°** (18-26%)[3,5]

HAL & HAL-RAR:

- **No resection; complication rates** ↓ (5-8%)[4,6]
- **Long term sequelae** ↓ (Incontinence 0-1%; Stenosis 0-1%)[4,6]
- **Can be redone** without problems or elevated risk[4]

⇨ **Good procedure for III° Haemorrhoids!**

[3] **Giordano P et al.** *Diseases of the colon and rectum 2009*
[4] **Roka S et al.** *European surgery 2013* [5] **Zagriadskii EA.** *Khirurgiia 2013*
[6] **Lucarelli P et al.** *Annals of the Royal College of Surgeons of England 2013.*

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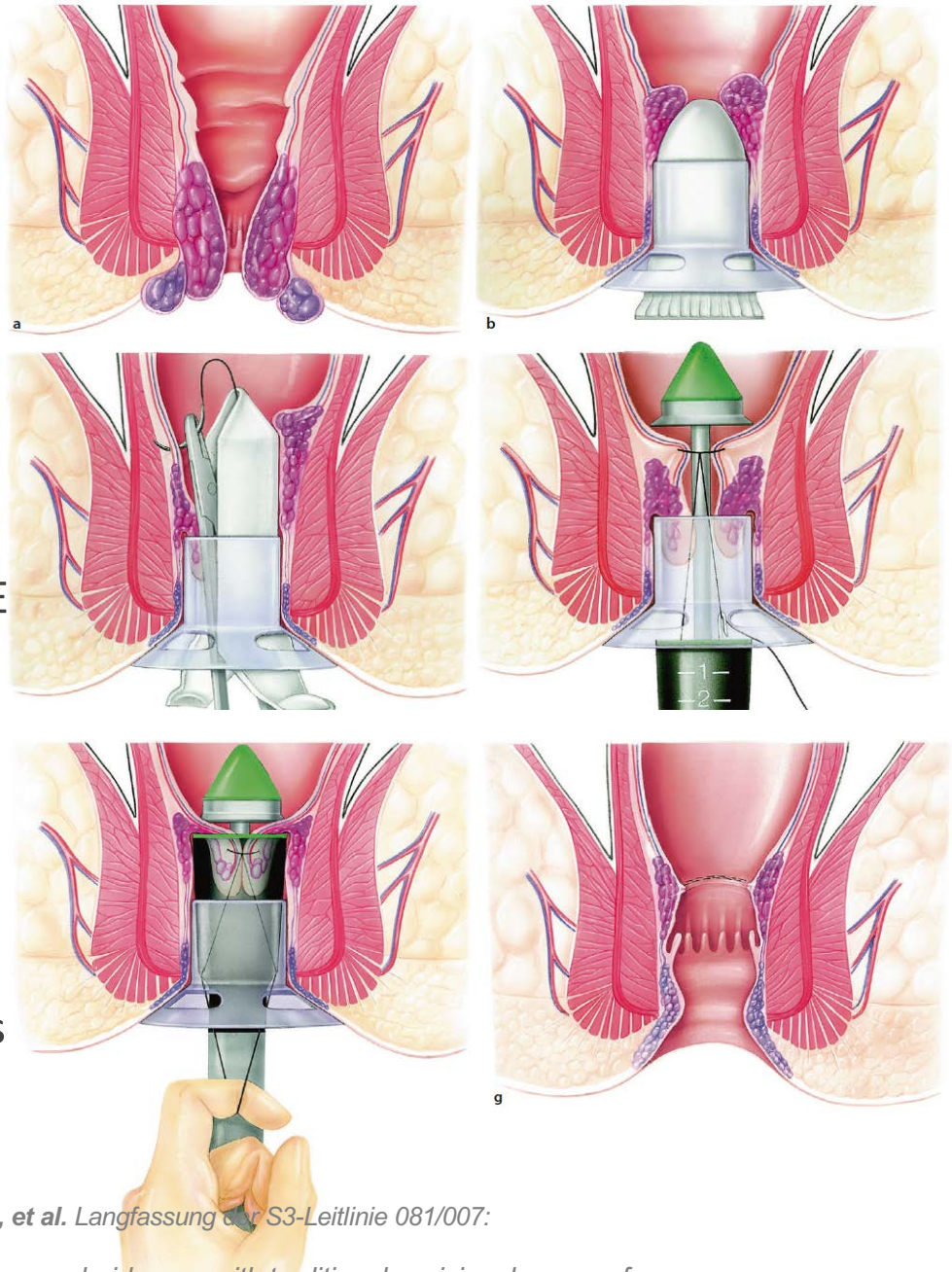
Stapler-Haemorrhoidopexy (Longo)



Is Hämorrhoidopexy still an option?

- Has been developed in the 1990..
  - Good in circular prolapses[1,2]
  - Less pain, better QoL till 3w.[3]
  - Good in ODS Patients[2]
  - **But:** More recurrences than HE
  - Urgency…/Incontinence ↑[3]
  - Not more complications[3]
  - But rare **severe** compl./longtime sequelae[1,2]
  - → Select patients well: III°/ODS/circular haemorrhoids
  - → And consent them carefully

1. ***Jacobs D.*** *Clinical practice. Hemorrhoids. N Engl J Med 2014*
2. ***Joos AK, Arnold R, Borschitz T, Brandt J, J. Jongen J, Krammer H, et al.*** *Langfassung der S3-Leitlinie 081/007: Hämorrhoidalleiden 2019.*
3. ***Watson AJ, Hudson J, Wood J, et al.*** *Comparison of stapled haemorrhoidopexy with traditional excisional surgery for haemorrhoidal disease (eTHoS): a pragmatic, multicentre, randomised controlled trial. Lancet 2016*

Haemorrhoidectomy new devices (e.g. Ligasure)

- 2 Metaanalysis HE against HE with Ligasure:

	Studies	Patients	Less Pain	Success
Nienhujis.[1]	12	1142	**Ligasure** (-2 on VAS) Significant at 1 day/week; les diff. 2 weeks	**equal**
Milito[2]	8	608	**Ligasure** p<0.001	Better in Ligasure (?) p<0.024 (stenosis/relapse)

- HE mit Ligasure vs. Stapler:(Metaanalysis)

	Studies	Patients	Less Pain	Success
Yang[3]	5	397	**equal** (p=0.23)	**Ligasure** (1.2 vs. 7.5%) **P=0.003**

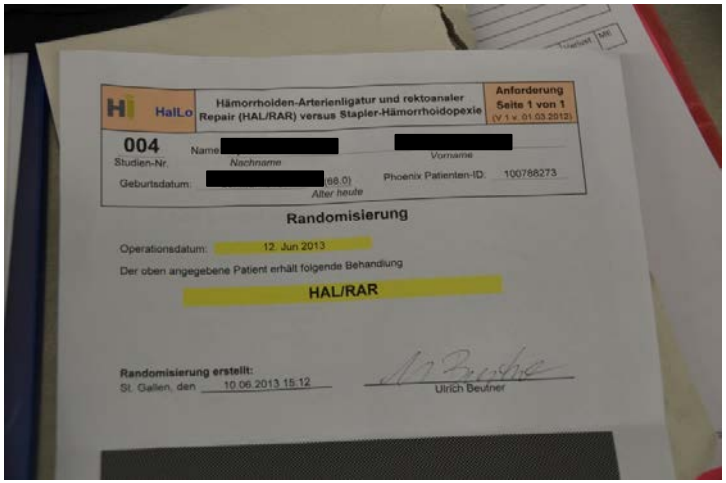
- **A lot better in IV° Haemorrhoids than HAL-RAR and Stapler(5%vs.20%)![4,5]**

*[1] **Nienhuijs S, de Hingh I.** Cochrane Database Syst Rev. 2009 [2] **Milito G et al.** Colorectal Dis. 2010*
*[3] **Yang J et al.** World J Gastroenterol. 2013 [4]**Jacobs D.** Clinical practice. Hemorrhoids. N Engl J Med 2014*
***[5]Joos AK** Langfassung der S3-Leitlinie 081/007: Hämorrhoidalleiden 2019.*

Whats best in III°Haemorrhoids?

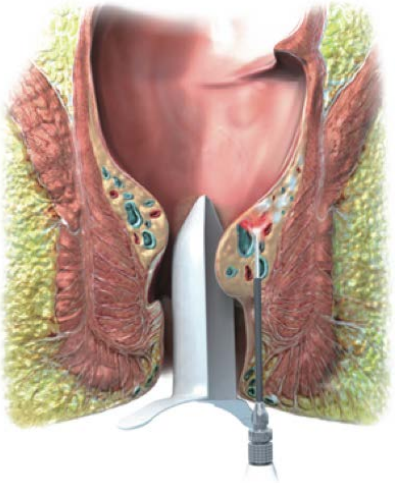
What‘s better for III° hemorrhoids?
HAL-RAR (probably less pain than PPH/Ligasure)
PPH (probably less recurrences than HAL-RAR)
HE (Ligasure) (probably best treatment for „prolapse“: but open wounds)

→ Randomized controlled trial: HalLo(recruiting since 5 years)



Primary endpoint: pain
Secondary: complications/recurrence
42 patients/arm; Follow-up 4 weeks; 12/24

New Techniques?



New techniques

What's there?

- Different procedures with the Laser
- Embolisation over the a. mesenterica inferior(Emborrhoid)
- Haemorrhoidopexie with bigger staplers/STARR
- Operation with radiofrequenz ablation

→ There is not enough evidence, to recommend any of the new procedures

1. ***Crea N, Pata G, Lippa M, Chiesa D, Gregorini ME, Gandolfi P.*** *Hemorrhoidal laser procedure: short- and long-term results from a prospective study. American journal of surgery 2014*
2. ***Joos AK, Arnold R, Borschitz T, Brandt J, J. Jongen J, Krammer H, et al.*** *Langfassung der S3-Leitlinie 081/007: Hämorrhoidalleiden 2019.*

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Therapie: Our Algorithm

Possible evidence based algorithm

I°	**RBL or topic treatment**
II°	**HAL/or RBL if small**
III°	**HAL-RAR or PPH*; with skin tags HE-Ligasure**
IV°	**HE-Ligasure**

High-risk patients:

HAL-RAR?

Recurrence (might) ↑

Risk ↓

*: or RCT: HalLo

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Treatment of haemorrhoids: is worthwihle?

How are haemorrhoidal symptoms and QoL after operative treatment?

- In a RCT after 2 years:

⇨ After haemorrhoidectomy(HE), as well as after Staplerhaemorrhoidopexy(SH):

  - Both, haemorrhoidal symptoms and QoL were significantly improved

⇨ Better short time recovery after SH;
⇨ better QoL/less Symptoms after HE at 2y

⇨ **Yes!**

Haemorrhoid symptom score					
Baseline	10·8 (4·7); 370	10·4 (4·7); 370	..	..	..
6 weeks	8·2 (5·1); 288	7·9 (5·0); 291	0·15	(−0·60 to 0·91)	0·69
12 months	6·6 (5·1); 263	4·3 (4·3); 243	2·09	(1·28 to 2·90)	<0·0001
24 months	6·4 (5·0); 250	4·8 (4·4); 240	1·46	(0·64 to 2·28)	0·0005
SF-36					
Physical component summary					
Baseline	48·5 (9·4); 380	48·8 (9·5); 377	..	..	..
6 weeks	48·2 (10·4); 294	48·9 (9·2); 293	−0·58	(−1·77 to 0·61)	0·34
12 months	49·7 (10·1); 265	51·2 (9·4); 255	−1·79	(−3·06 to −0·51)	0·0059
24 months	50·3 (10·1); 250	51·1 (9·4); 234	−1·15	(−2·47 to 0·16)	0·0860
Mental component summary					
Baseline	48·8 (11·7); 380	49·6 (11·0); 377	..	..	..
6 weeks	47·3 (12·7); 294	48·7 (11·7); 293	−0·55	(−2·07 to 0·97)	0·48
12 months	48·8 (12·2); 265	51·2 (10·4); 255	−1·71	(−3·34 to −0·08)	0·0396
24 months	49·8 (11·2); 250	51·0 (10·9); 234	−0·89	(−2·57 to 0·80)	0·30

1. ***Watson AJ, Hudson J, Wood J, et al.*** *Comparison of stapled haemorrhoidopexy with traditional excisional surgery for haemorrhoidal disease (eTHoS): a pragmatic, multicentre, randomised controlled trial. Lancet 2016*

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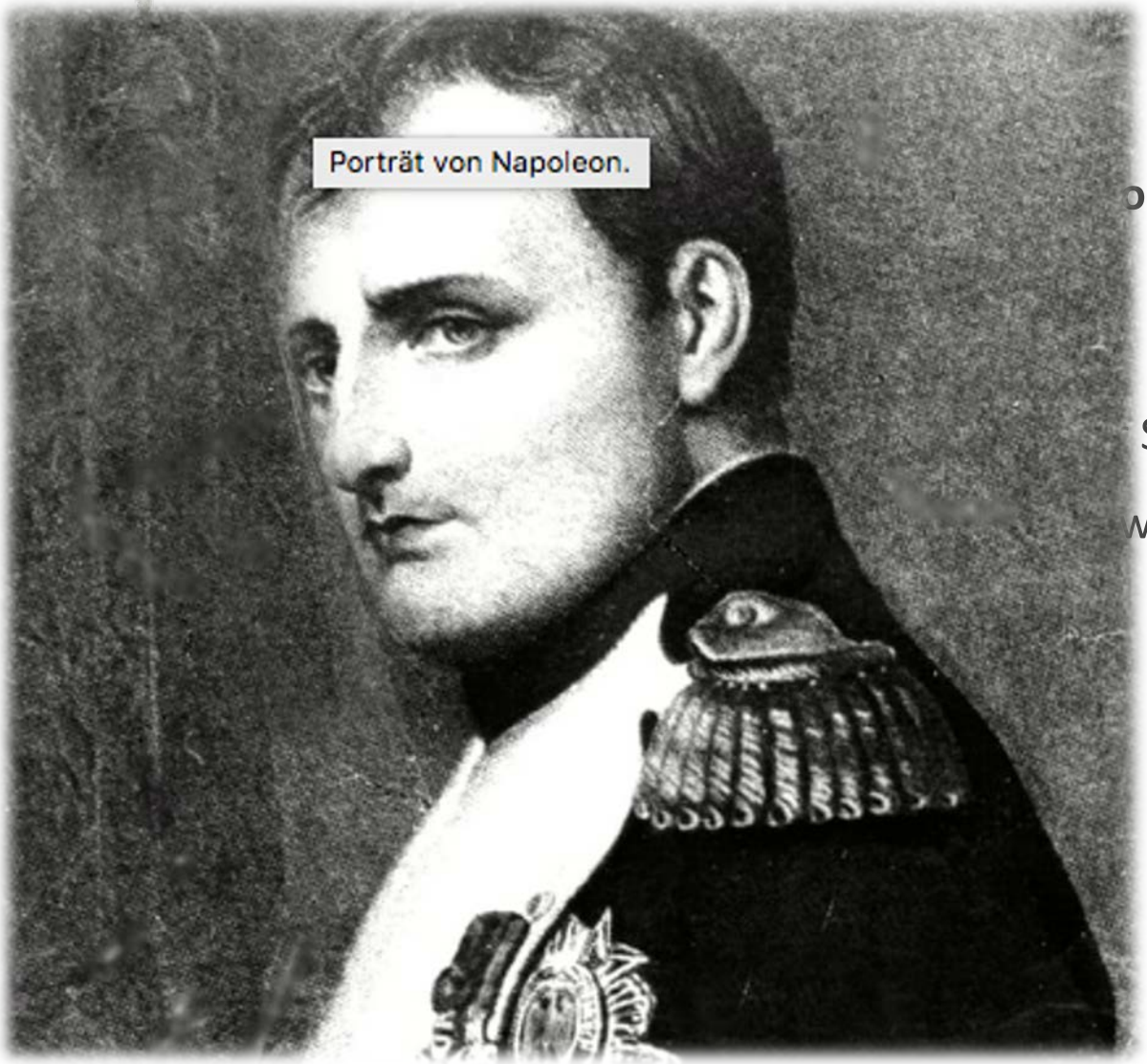
Treatment of haemorrhoids: is worthwihle?



operative treatment?

Staplerhaemorrhoidopexy(SH):

were significantly improved

Haemorrhoid symptom score					
Baseline	10·8 (4·7); 370	10·4 (4·7); 370	..	..	..
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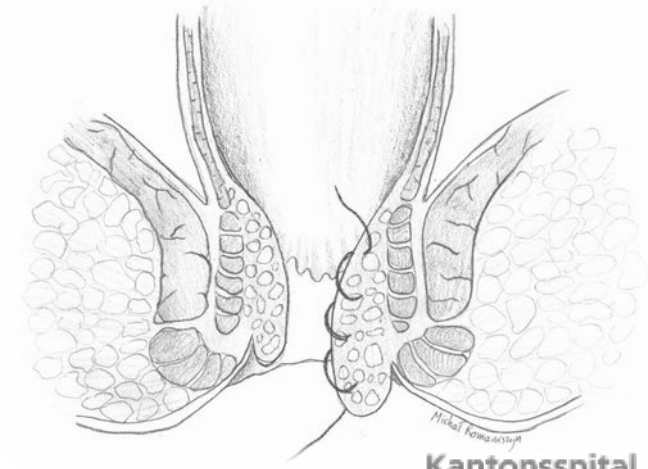
Conclusion:

Take home messages

- Haemorrhoids are common – but not everything is a Haemorrhoid
- Important to make a clear diagnosis with a simple proctological investigation
- When in doubt: Colonoscopy/EUA/Biopsy: don’t miss a Cancer?!
- Treatment should be tailored to patient and grading of haemorrhoids
- In symptomatic haemorrhoids: the treatment is simple, successful and worthwhile



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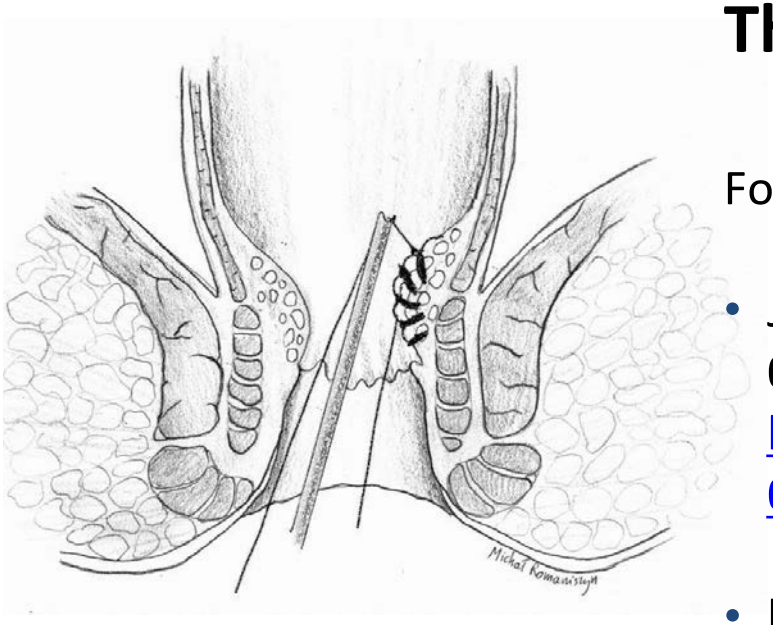

Thank you for your attention!

For futher information:

- Joos AK, Arnold R, Borschitz T, et al. Langfassung der S3-Leitlinie 081/007: Hämorrhoidalleiden2019. https://www.awmf.org/uploads/tx_szleitlinien/081-007l_S3__Hämorrhoidalleiden_2019-07_01.pdf
- https://www.kssg.ch/chirurgie/leistungsangebot/haemorrhoiden

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