

**SPECIALY FOR DR RAMESH AT CHENNAI**

# **Advance Haemorrhoids: Last Line – Personalized, Purposeful, Predictable and Precise Fibrosis How I Do It**

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Method  
Inclusion criteria

- 

**Both Internal  
and External in  
Same Pt**

# **Inclusion criteria Internal Hemorrhoids**



**Grade III  
and IV**

**Vascular**

**Secondary**

**Circumferentially  
Prolapsing**



**Grade III  
and IV**

**Vascular**

**• Challenging**

**Secondary**

**Circumferentially  
Prolapsing**

# Inclusion criteria External Hemorrhoid

**Significant  
EH**

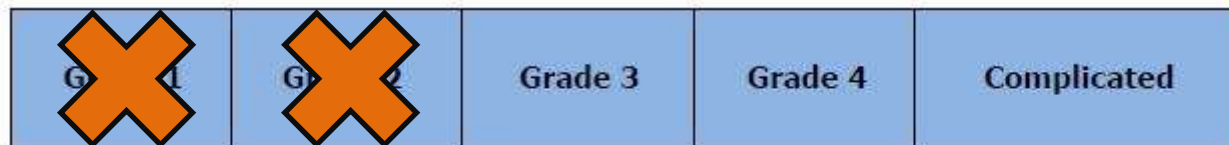
**Inspection  
Vascular**

**Palpation  
Vascular**

**Distension on  
straining**



# Selected Patients in this Series



Dietary and lifestyle modification  
(such as high-fiber diet, laxatives, hydration, avoidance of straining)

Medication  
(topical or systemic)

Office-based procedure  
(such as banding, sclerotherapy)

**+ - SECONDARY +-  
CIRCUMFERENTIALLY  
PROTRUDING +- VASCULAR  
+ EXTERNAL**

**Challenging**

- DG-HAL: Doppler-guided hemorrhoidal artery ligation; HAL: Hemorrhoidal artery ligation; SH: Stapled hemorrhoidopexy; PPH: Procedure for prolapse and hemorrhoids.

## Exclusion criteria

Lower GI  
Symptoms

Prostatic  
Symptoms

Difficult Anal  
Access

Coagulation  
problems

Chronic  
cough



Method

# History, Clinical Examination and Investigations



Diagnosis  
of  
exclusion

## *Steps*

Spinal

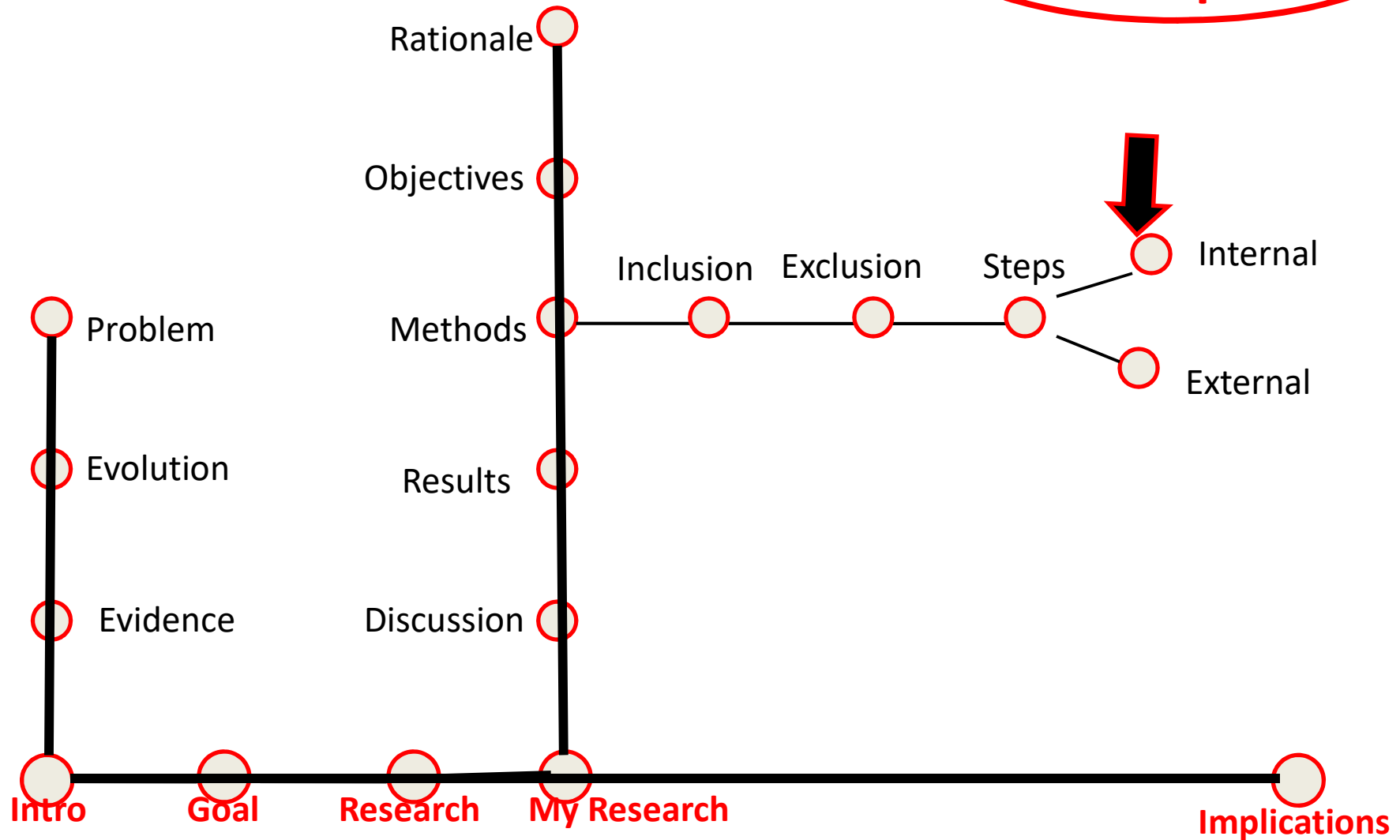
Lithotomy

- Folly Catheter

EUA

Sphincter

# Guiding Principles



# Goals IH

**Preserve  
Anatomy**

**Preserve  
Mucosa**

**Prevent  
Complications**

**Decrease  
Vascularity**

**Remove  
only If  
needed**

**Replace  
with  
Fibrosis**

**impact of  
fibrosis**

**integrity  
of  
sphincter**

# Goals IH

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*Method*  
*Steps*

# Internal Haemorrhoids

- *Goal*
- *Evaluation* -
  - Identify lower end of each Primary
  - Pull downwards and then in respective clock direction



A photograph of a surgical dissection of a breast specimen. The tissue is pink and fleshy, with visible blood vessels. A surgical instrument, likely a scalpel or forceps, is visible in the lower left. The image is annotated with five red text labels in white ovals: 'First Bleeding, most vascular' (top left), 'First Step' (top right), 'Upper most' (middle right), 'Gentle' (bottom left), and 'Pull' (bottom left, below 'Gentle').

**First Bleeding ,  
most vascular**

**First  
Step**

**Upper most**

**Gentle**

**Pull**



*Method*  
*Steps*

# Internal Haemorrhoids

- *Evaluation*
- *Goal*

- **Treatment**

- *Secondary and Circumferential Haemorrhoids*

- **gentle** downward traction **without** completely closing babcock forceps

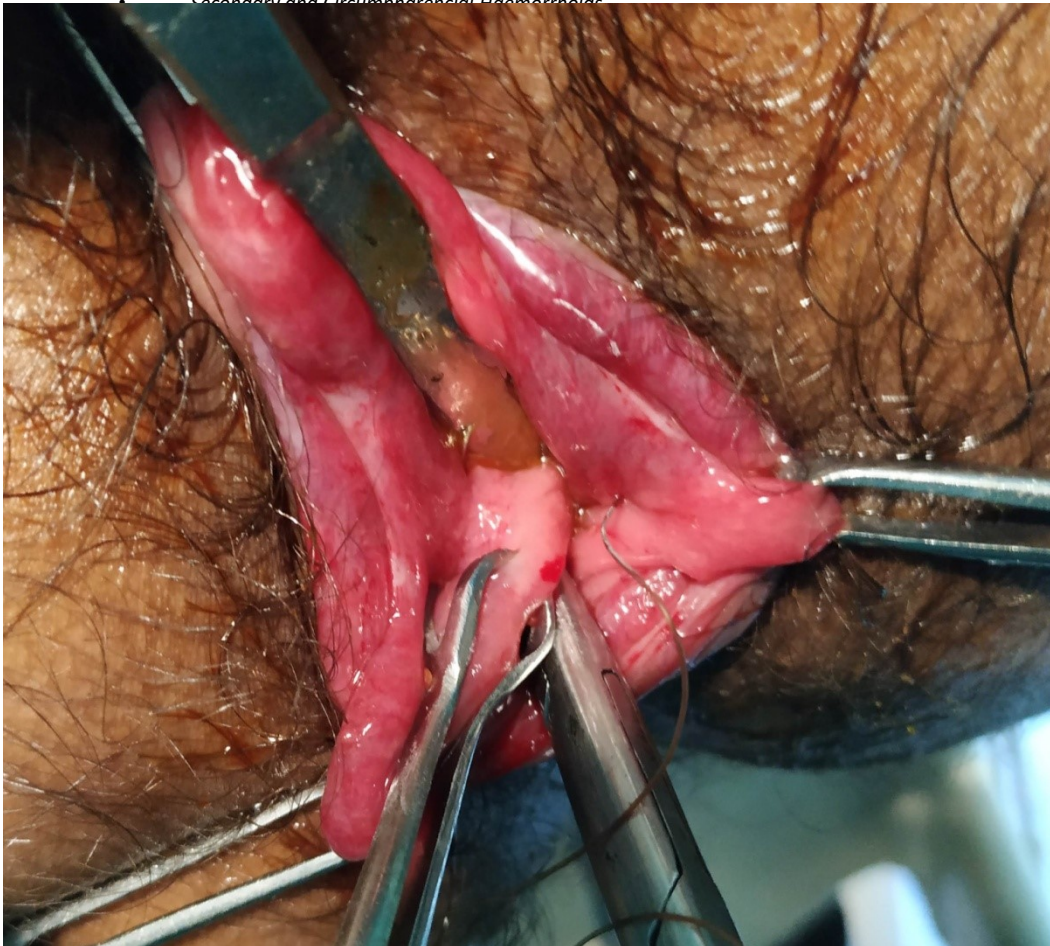
**Chromic** 00 Stitch at cranial most part

**a mock trial** will help you to understand movement

assistant role in **retracting** during insertion and even more important when needle is coming out of opposite end

Proper **lighting** is crucial

**First  
Stitch**



# Internal Haemorrhoids

Method - Steps

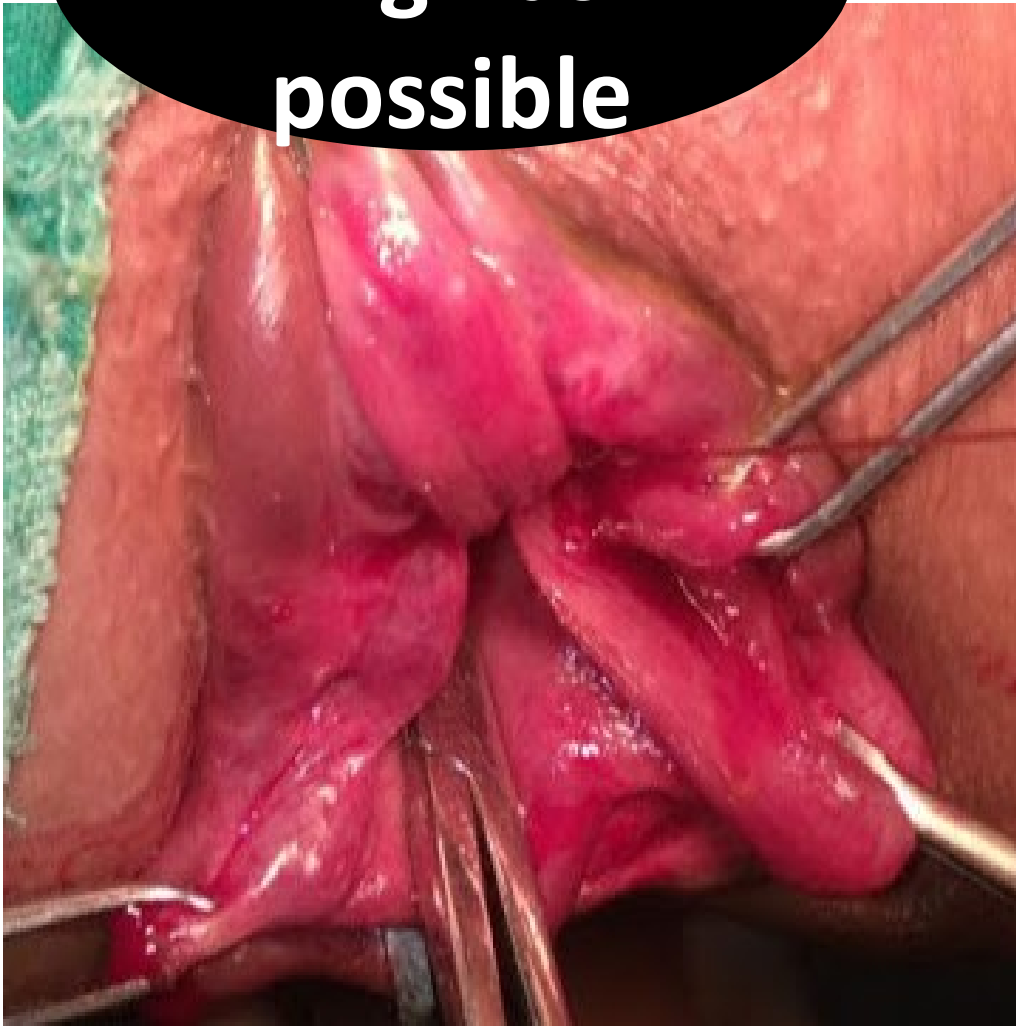
**Knot as  
high as  
possible**

- *Next important step is*
- *to take knot as high as possible*
  - *Method*

*very simple step*

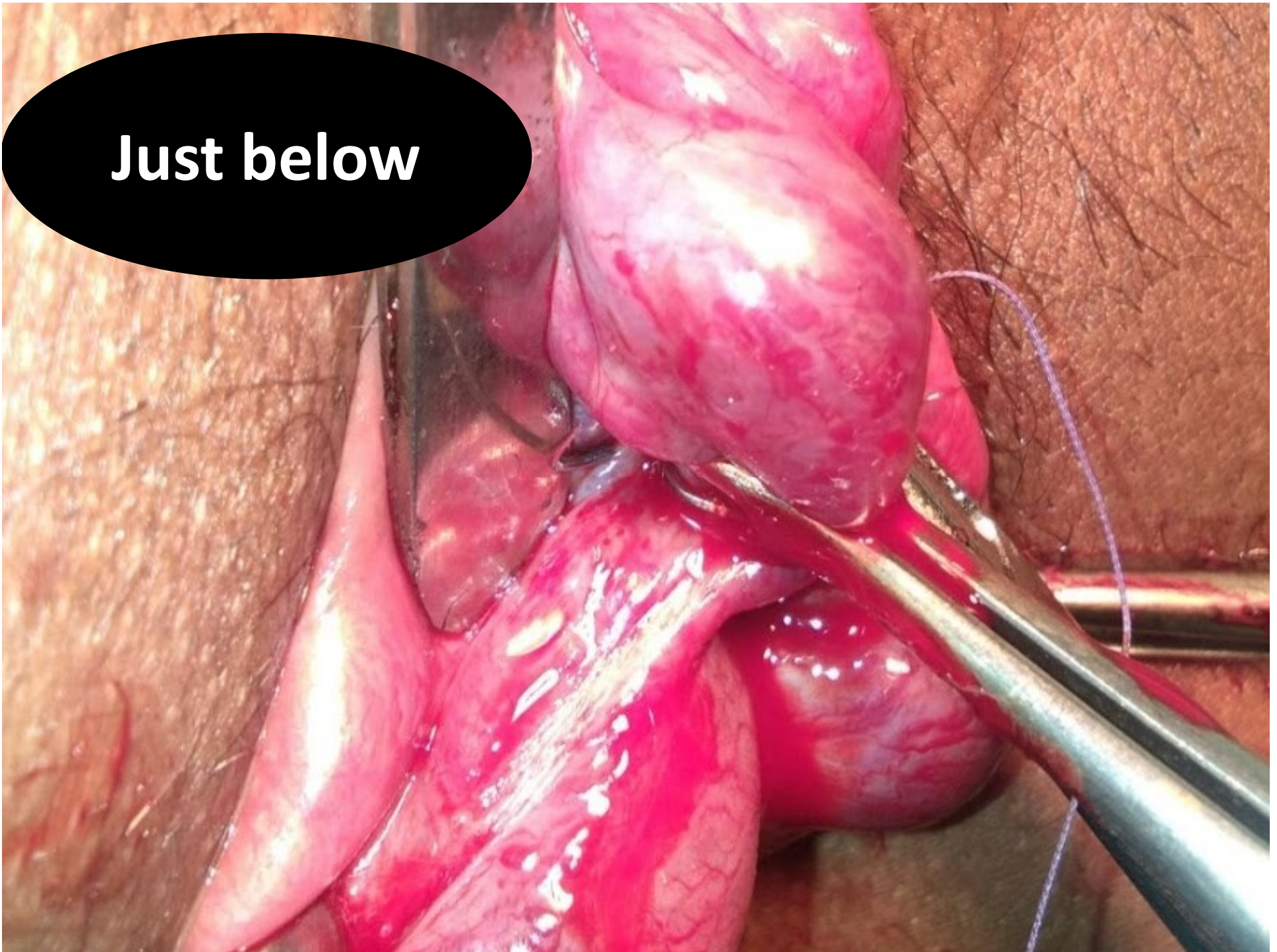
*Occasionally it may be difficult  
and may create problem due to*

- *multiple insertion of needle*
- *puncturing vascular pedicel  
of haemorrhoid*
- *needle come out at wrong  
place*
- *Needle punctures another  
vascular haemorrhoid*

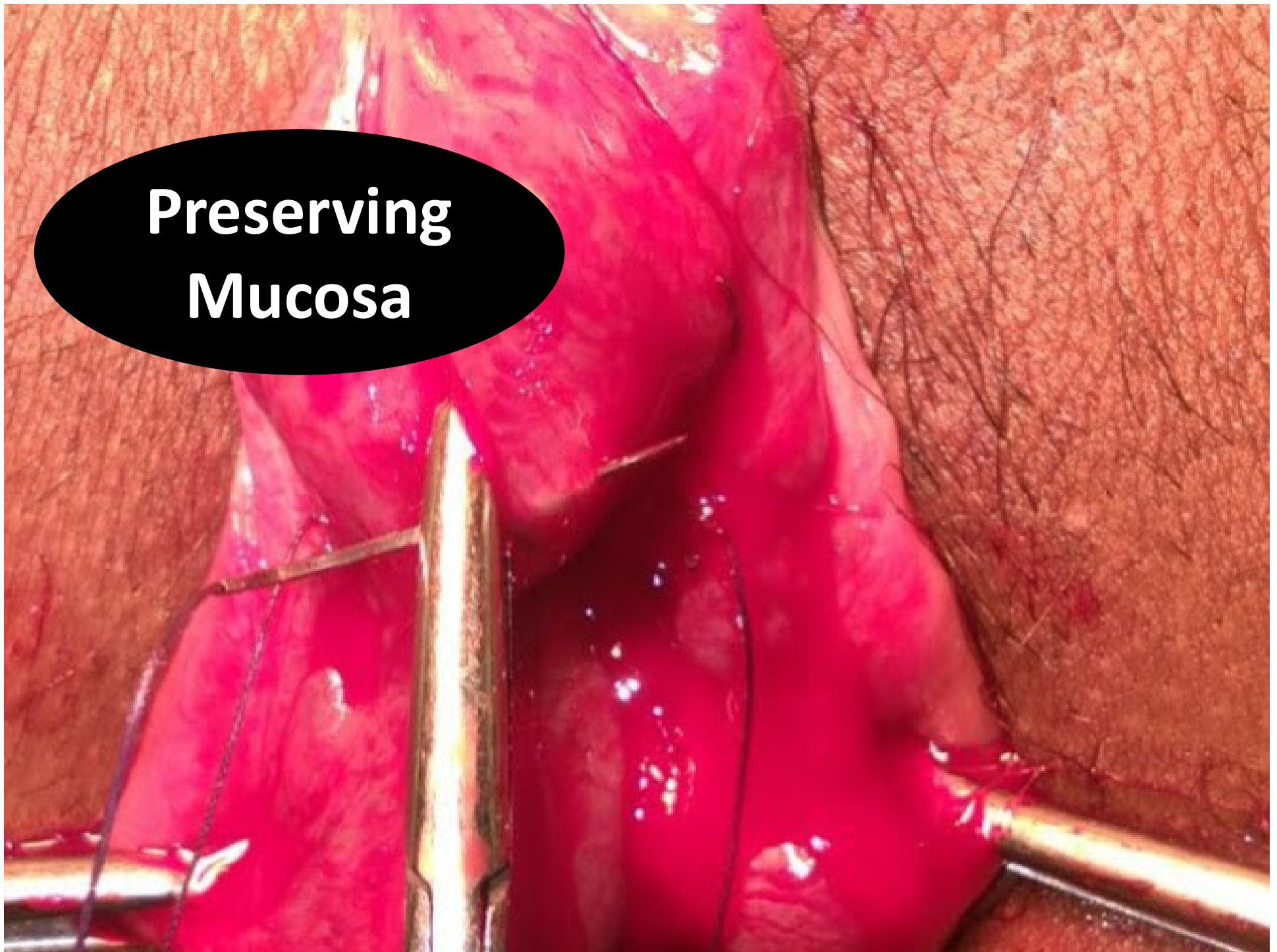




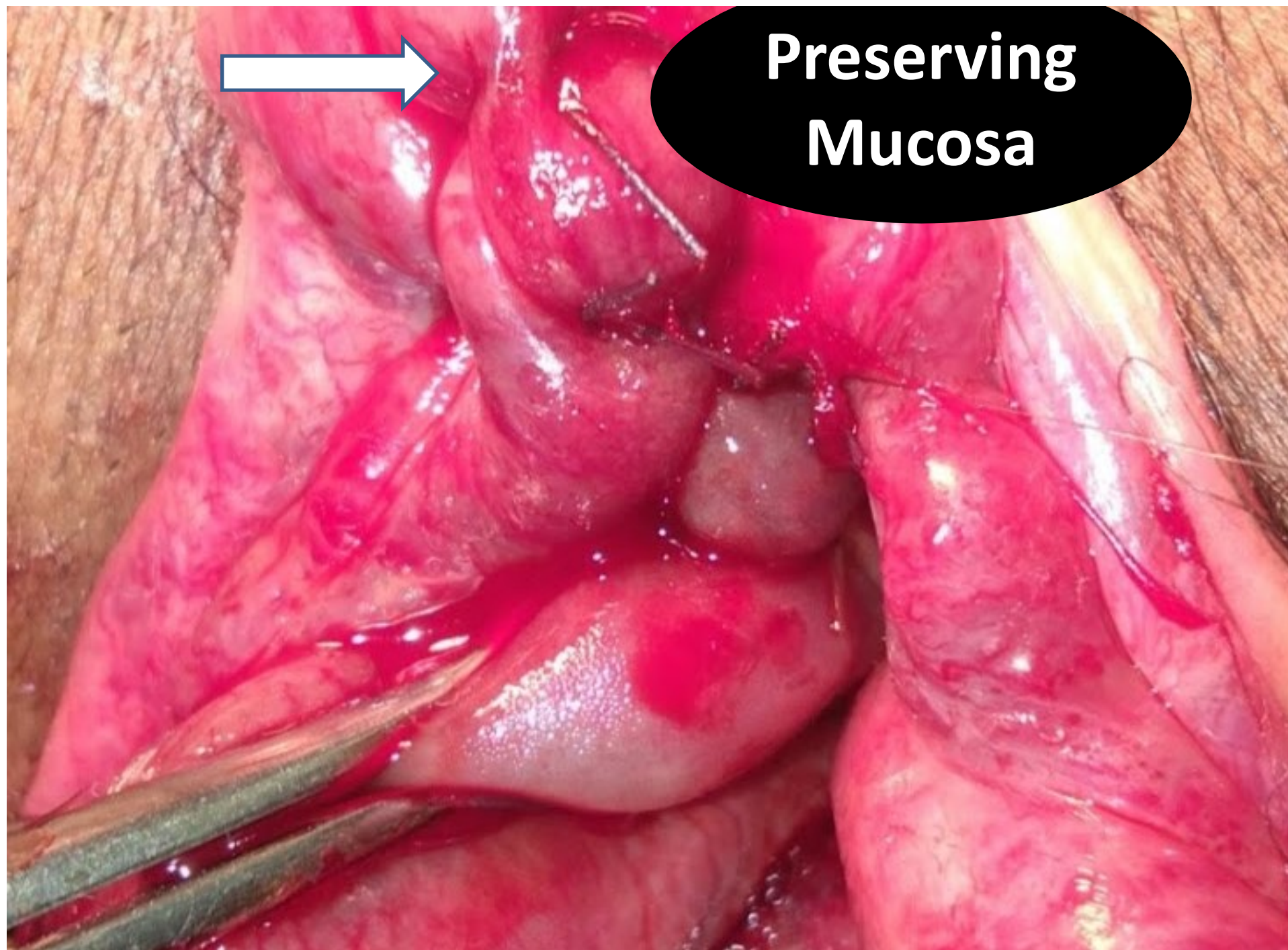
**Just below**



# Preserving Mucosa







**Preserving  
Mucosa**

# Internal Haemorrhoids

## Method

## Steps

- Evaluation
- Goal
- Treatment

• Secondary and Circumferential

- Next stitch is 1 to 2 cm below previous
- with Vicryl 2-0

*Hold the haemorrhoid at selected site of stitch with babcock forceps without fully closing it*

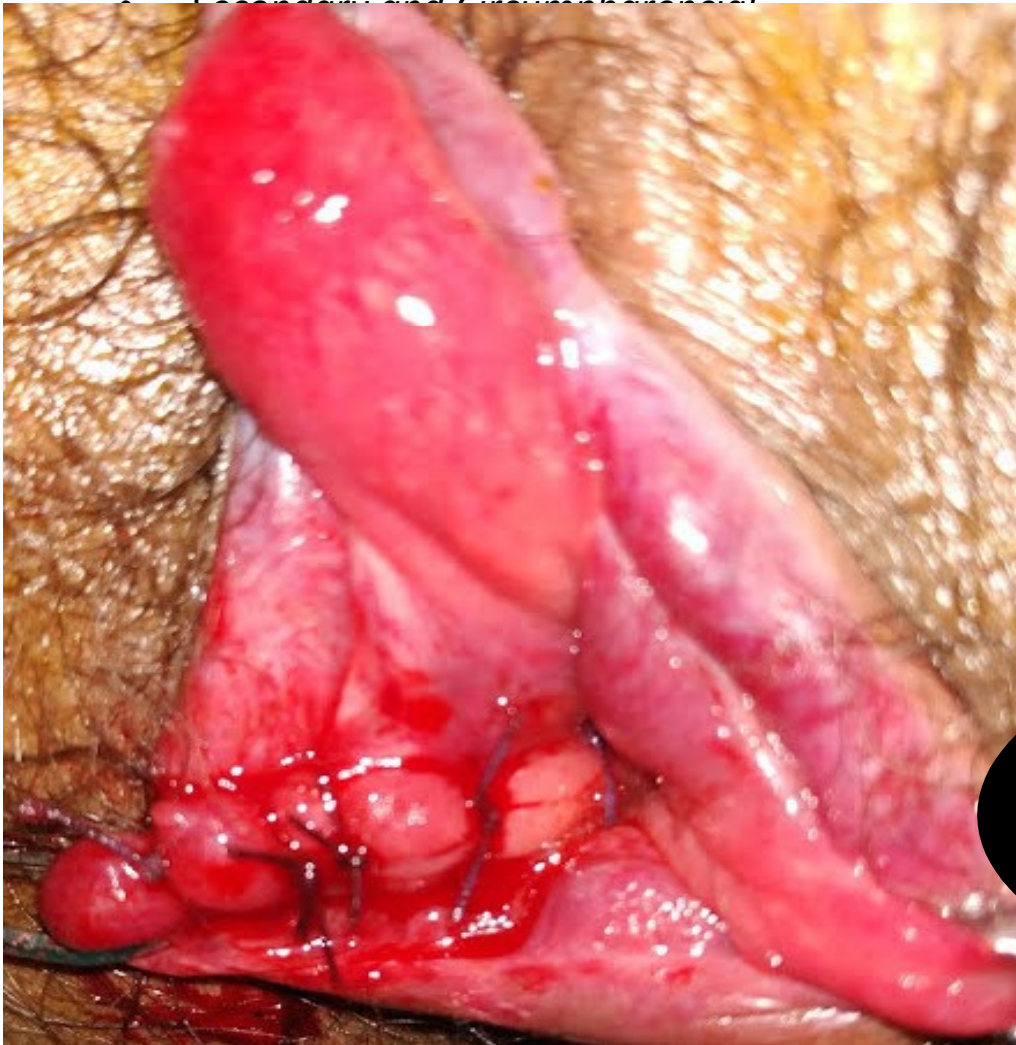
*Gently pull the haemorrhoid away from anal wall*

*Pass a needle just below babcock and take knot*

*Continue until muco cutaneous junction*

*Excess of haemorrhoidal tissue is cut and stitch the cut end*

*Repeat above procedure for remaining two primary haemorrhoids*



**One row**



**All three  
row**





*Method  
Steps*

# Internal Haemorrhoids

- *Evaluation*
- *Goal of treatment*
- *Treatment*
  - *Secondary haemorrhoids  
and Circumpharencial*
  - *Special issues*

*same way*

*except first step which is  
not relevant*

# *Special issues*

20

*not possible  
to reach  
cranial most  
part*

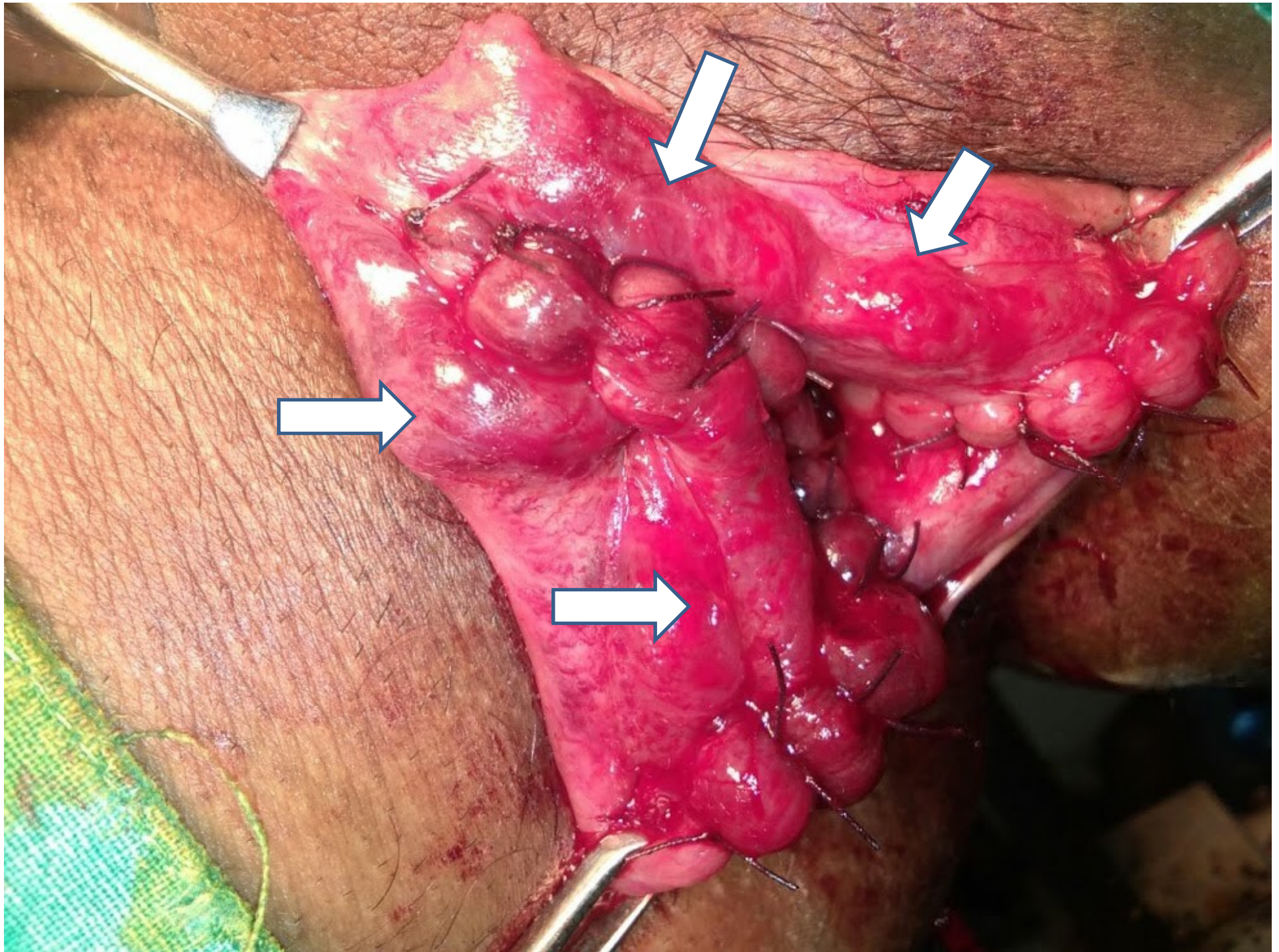
**very  
vascular**

**pass needle  
submucosally**  
-

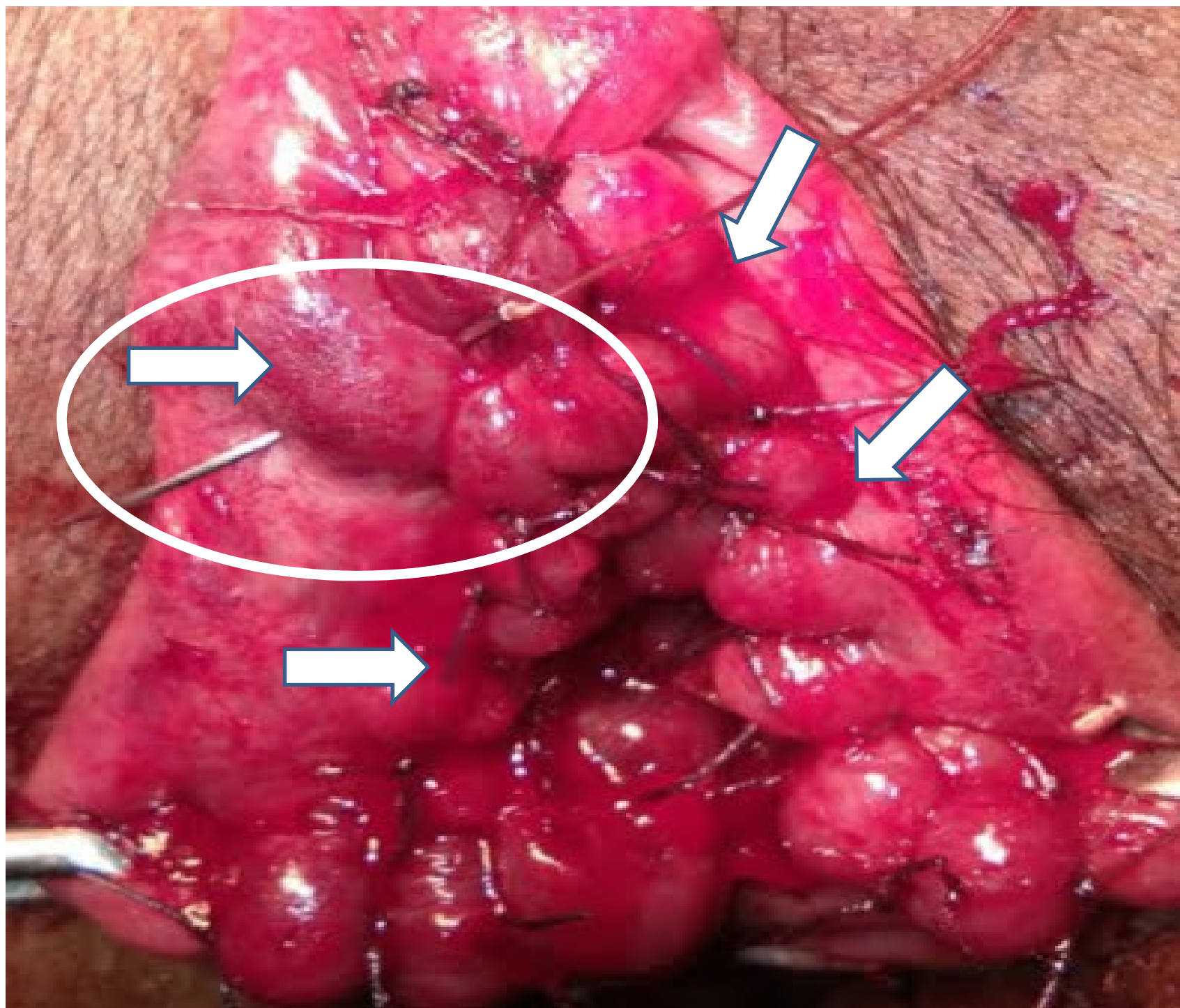
**too big  
for single  
stitch**

**two stitch  
one from  
each side  
and  
crossing  
mid line**

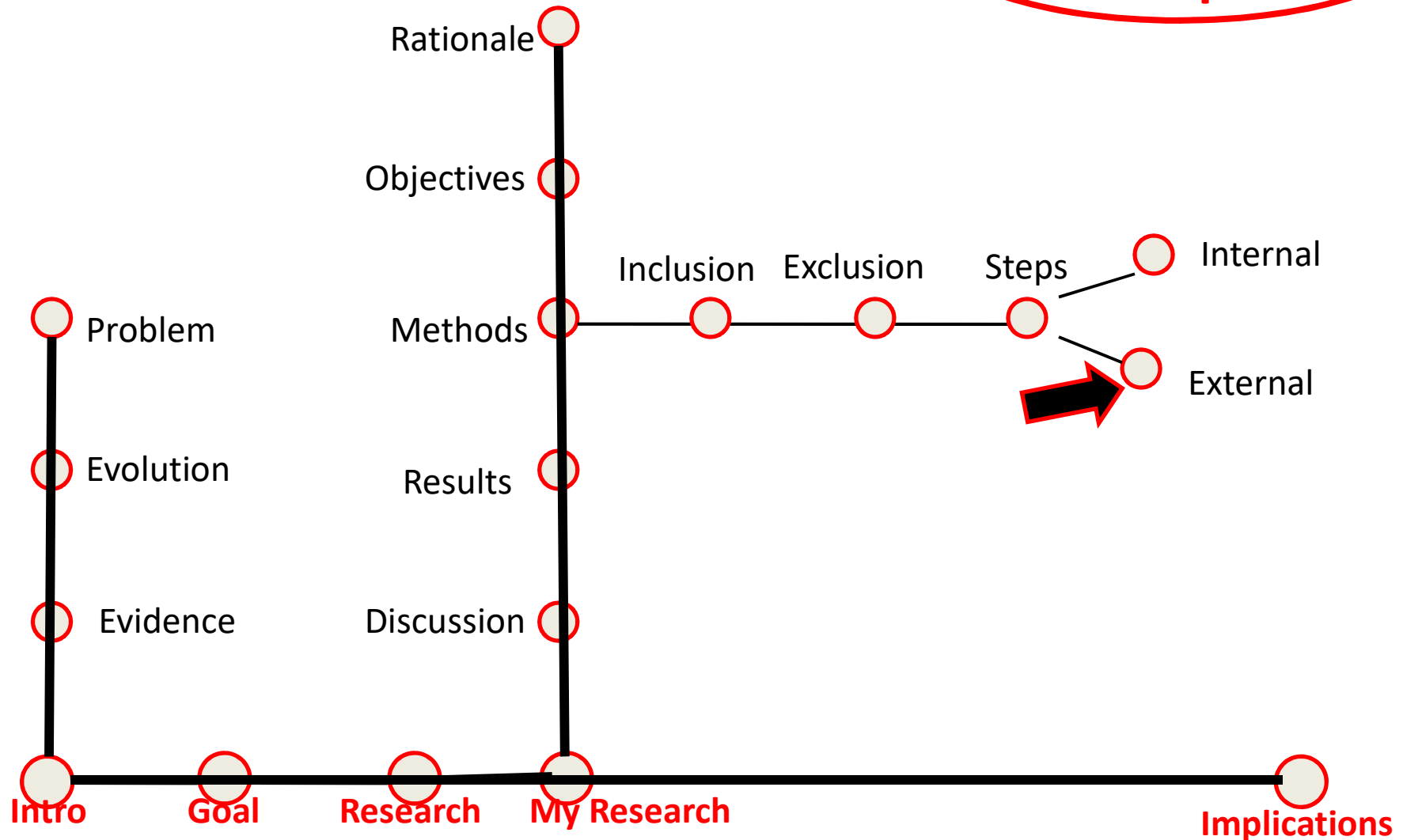
**Do one or  
more  
puncture**







## Guiding Principles



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Anatomy**

**Preserve  
Skin**

**Prevent  
Complication**

**Decrease  
Vascularity**

**Remove  
only If  
needed**

**Replace  
with  
Fibrosis**

**impact of  
fibrosis**

**integrity  
of  
sphincter**

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Purposeful  
Precise  
Predictable**

**Remove  
only If  
needed**

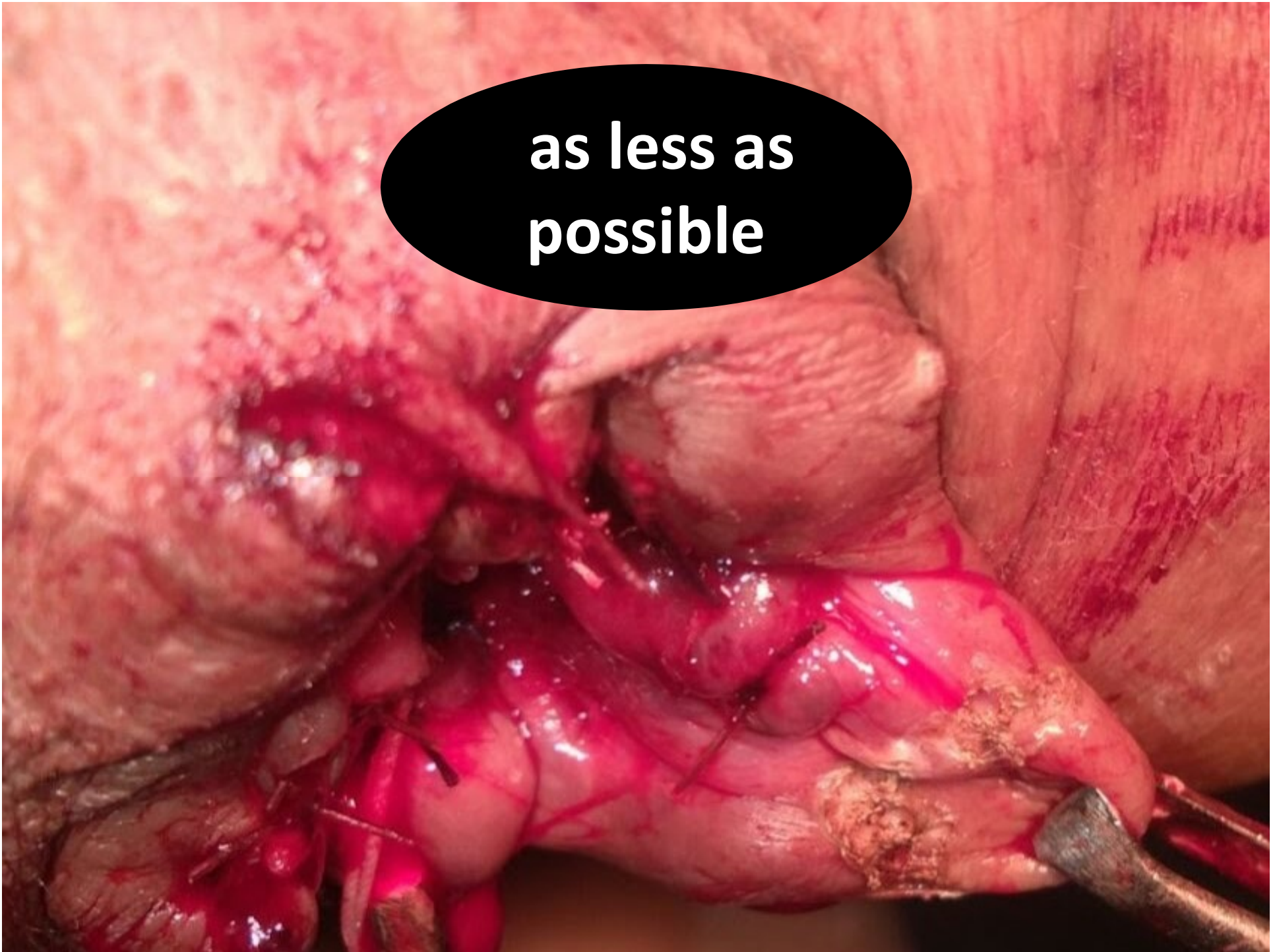
**Replace  
with  
Fibrosis**

**impact of  
fibrosis**

**integrity  
of  
sphincter**



**as less as  
possible**





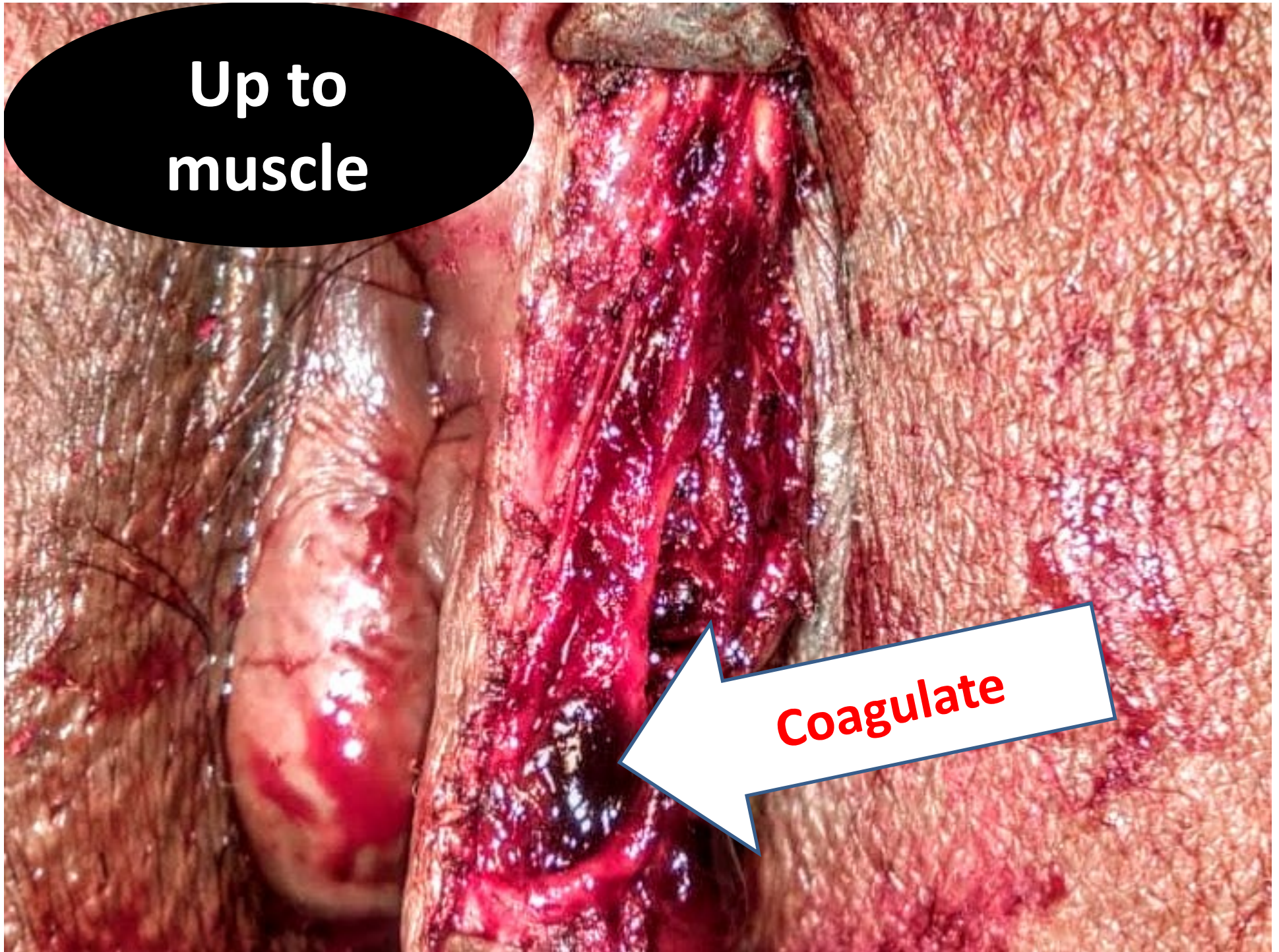
**as less as  
possible**





**Up to  
muscle**

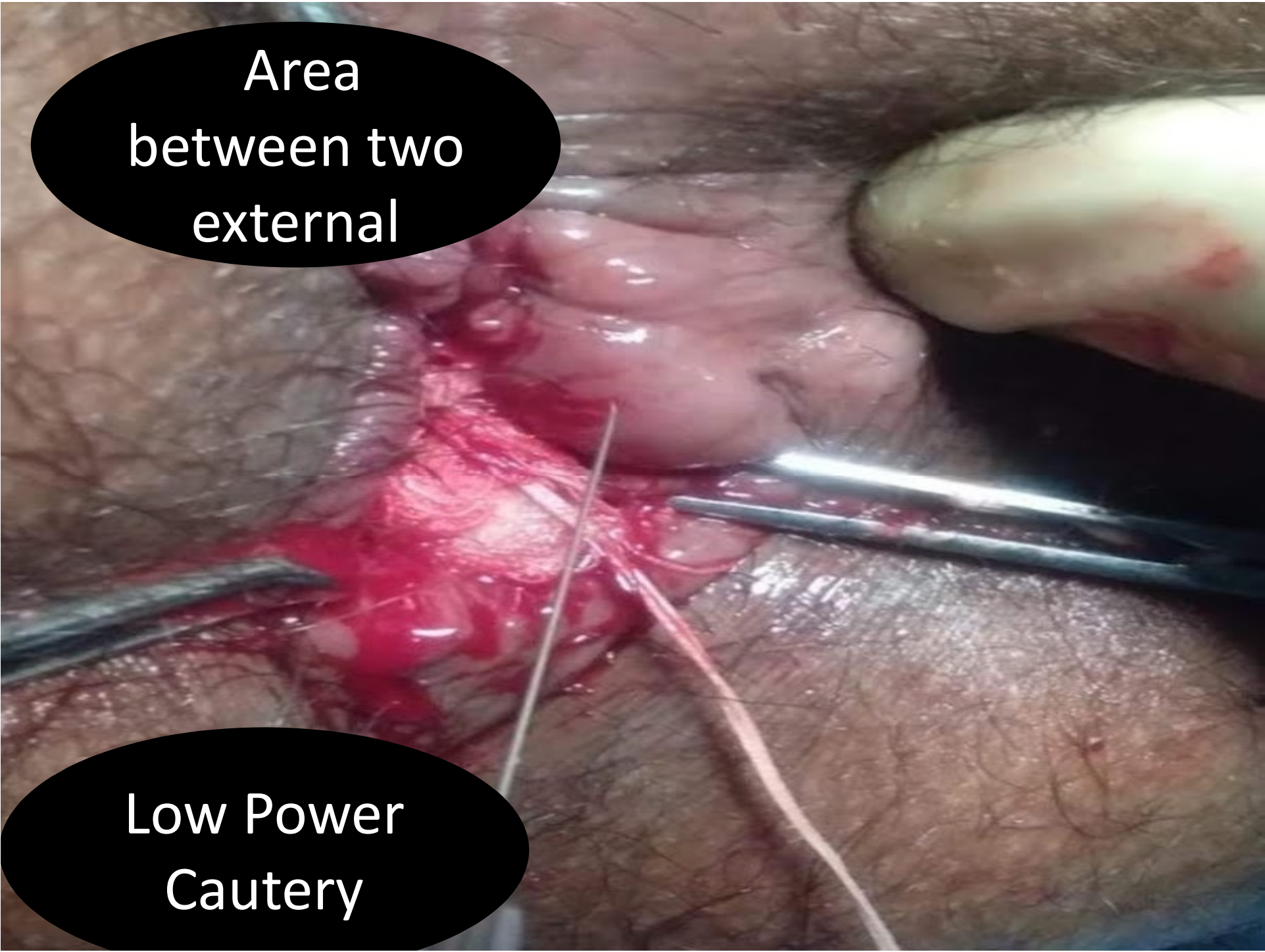
**Coagulate**





Area  
between two  
external

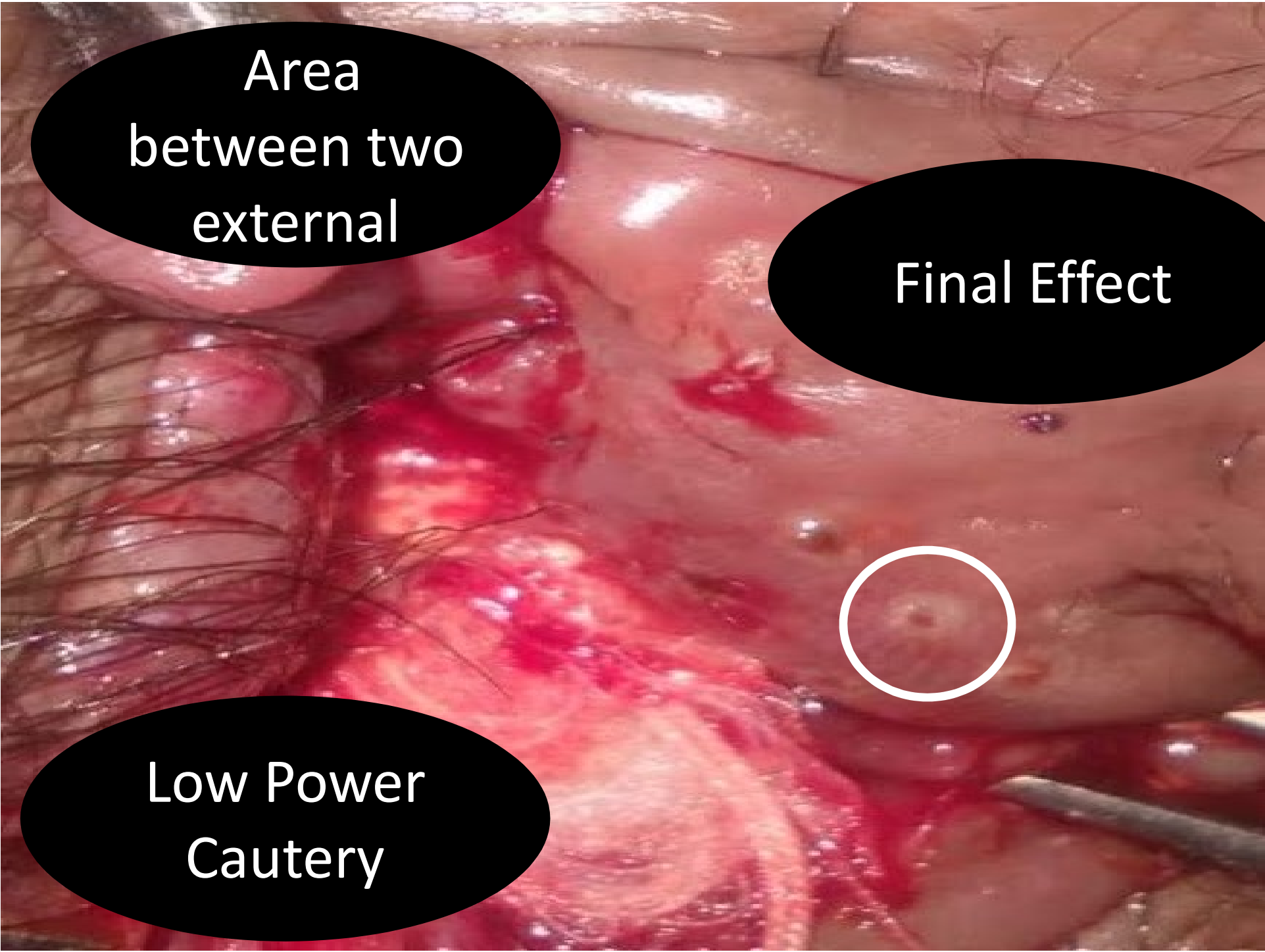




Area  
between two  
external

This is a clinical photograph showing a surgical procedure on the snout of a piglet. The skin is incised, revealing underlying pinkish-red tissue. A surgical instrument, likely a pair of forceps, is visible on the right side of the frame, holding a portion of the tissue. A thin, needle-like instrument is also visible, pointing towards the surgical site. The overall scene is brightly lit, highlighting the surgical area.

Low Power  
Cautery



Area  
between two  
external

This is an intraoperative photograph showing a surgical site. The image is characterized by a large area of exposed, reddish-pink tissue, likely muscle or soft tissue, which appears to be the result of a surgical dissection. There are several dark, hair-like structures visible on the left side of the frame. A white circle is drawn on the right side of the image, highlighting a specific area of tissue. Three black oval text boxes are overlaid on the image: one in the top left, one in the top right, and one in the bottom left. The text in these boxes describes the area shown, the final effect, and the surgical technique used.

Final Effect

Low Power  
Cautery



**End  
Result**











A clinical photograph of a surgical site on a patient's skin. A red, sutured wound is visible, with a blue arrow pointing to it from the left. The arrow contains the text "Little Extra Space For Drainage". The wound is surrounded by skin and some blood. A red suture is visible at the bottom of the wound.

**Little Extra Space For Drainage**

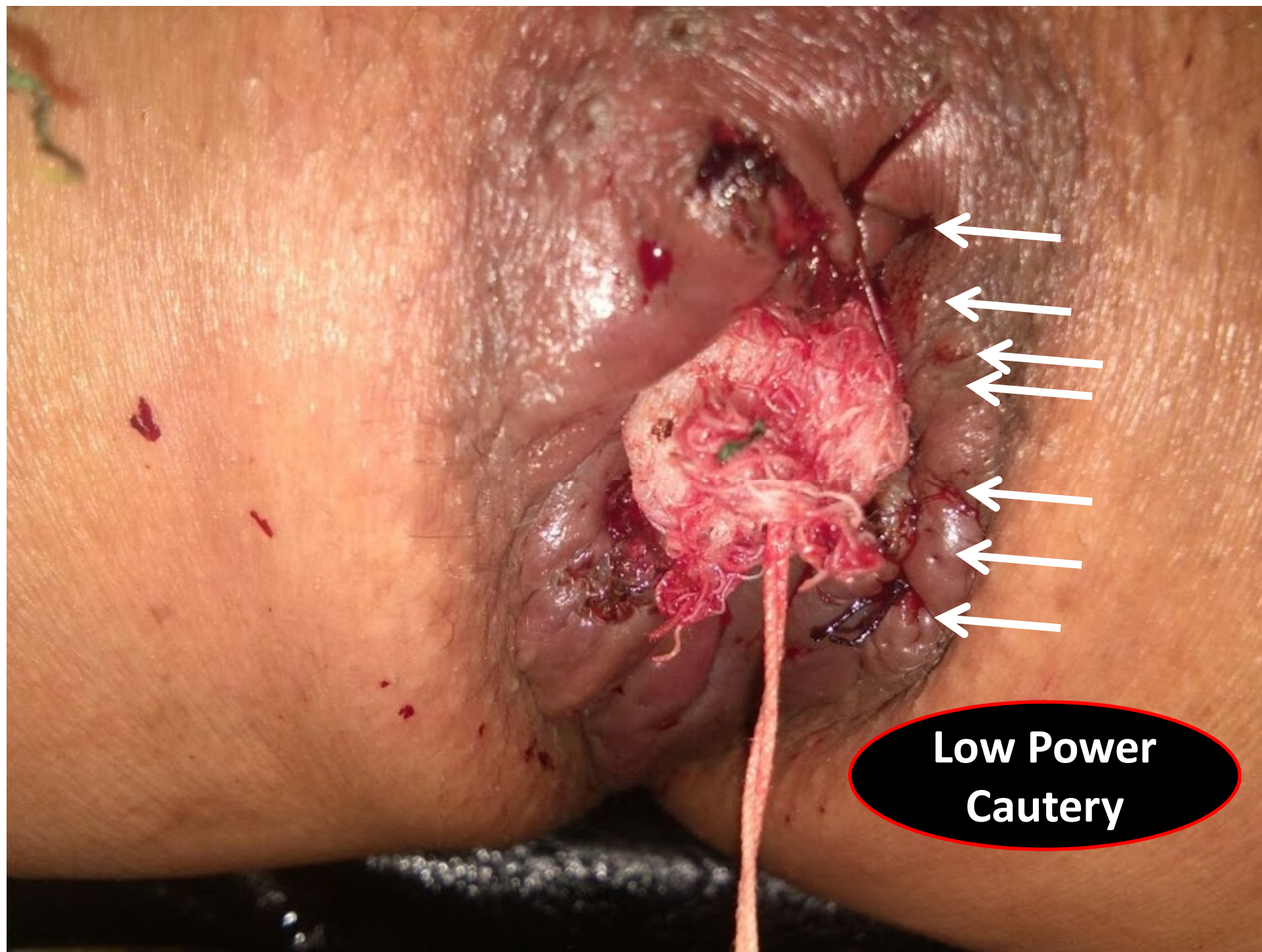




A close-up photograph of a surgical site on a patient's skin. A mattress suture, consisting of multiple strands of red thread, is being used to close a wound. The suture is visible as a thick, red, fibrous mass. A white arrow with a blue outline points from the text 'Mattress at inner side' to the suture. The surrounding skin is light brown and shows some minor bruising and blood spots.

**Mattress at inner side**





**Low Power  
Cautery**



**No follow up**  
**Only If**