

1	Hemorrhoids: Laser(LHP) VS 4PF		
2	4PF:Complete Reconstruction -Anything and everything that is essential, No destruction or excision		
3	4PF was Presented at: SAGES 2019 USA, Keynote IGC 2019 Amsterdam, Proctology 2019, APDW 2019 Calcutta, Worldcon 2020 Hyderabad, etc		
4	Laser Is the Sharpest Instrument, Use it with Extremely Sharp Mind		
5	It is all about Anatomy, Physiology, and Functions.		
6	Anatomical relationships bear physiological importance and contribute to uneventful functions.		
7	Hemorrhoids have a crucial role in continence and contribute to the uneventful functions		
8	Volume-occupying effect 15-20%, the contribution of hemorrhoids to anal continence is crucial.		
9	Hemorrhoidal tissue contributes to the sensing of a sample -gas, liquid, or solid stool-		
10	as it has sensory innervations		
11	During defecation, the hemorrhoids and internal anal sphincter aid one another.		
12	The anal cushions slide down , forming anal lips, which protect the underlying internal anal sphincter.		
13	After defecation, they rapidly fill with blood. In this way, fecal soiling is prevented		
14	Pathophysiology of internal hemorrhoids -Nikolaos Margetis		
15	© Copyright	LHP 1,2,3	4PF 4,5
16	Length of the Study	Months	5 to 30+ years
17	Numbers of patients, centers and authors	Large no., multiple centers and authors	Less Pt, Single center, Single Author
18	More relevant for	Less Pain, Early recovery	Cure
19	Post OP External Thrombosed piles- overall Pain	Equal or more Pain than Excisional	Not a Issue
20	Value over period of time	Decreasing	Lasting value
21	Stage IV Internal, Secondary, Circumferential	Not Addressed. Only For Internal Stage II,III	Can Address All Types, Grades and complications
22	Highly Vascular, Severe Mucosal Prolapsed		
23	External, Thrombosed, Complications		
24	Adherence of Mucosa with underling Tissue which Increase chance of Injury.	Yes	No
25	End result	Diffuse Submucosal Fibrosis	Mucosa with 4PF
26	Value if, Numbers, size, Types, Vascularity and Complications increases	Decrease	Increase
27	Permanent Irreversible damage to Vital Structures-eg. Mucosa, sensory system, anal cushions slide down, Volume-occupying effect.	Yes	No
28	May need Extra Procedures like Pedical ligation, Recto Anal Repair (RAR), External Piles	Yes	No
29	Operator Dependability	Very High	Very Low
30	Duration of Operation	Short	Comparatively Longer
31	Pain- Amount and Duration	Less Pain, Early recovery	Significantly More
32	Speedy recovery- Early return to activity	Yes	No
33	Post op Complications	64% Minor	Pain, Discharge, Itching
34	Symptoms Recurrence	28.60%	No
35	Persistence	7% at 5-8 months	No
36	Resolution	100% at 3 months, 70-72.5% at 12 months	No
37	Recurrence	10-11% at 12 months	No
38	Reoperation	Yes	No
39	Bleeding, Fistula, Abscess, Fissure	Yes	No
40	Sensation, Defecation reflex, Distensibility, Urge Incontinence, Fixsation of mucosa	May be Issue	No
41	Mucosa- Damage, Burns	Likely	No
42	Second Surgery	May not be logical	Can be done after any numbers of surgeries
43	Post Op Plicoma (Skin tags)	Common, Hard or firm	Uncommon, Soft
44	Simplifying the Centuries Old Complaxcities- Patients needs solution of problem not technology		
	References: 1.Clinical Outcomes and Effectiveness of Laser Treatment for Hemorrhoids: A Systematic Review. Kasun Lakmal etal 2. Non-excisional laser therapies for hemorrhoidal disease: a systematic review of the literature. Gregoire Longchamp etal 3. Laser hemorrhoidoplasty versus conventional hemorrhoidectomy for grade II/III hemorrhoids: a systematic review and Yan Wee etal 4 A Randomized Controlled Trial Comparing Laser Intra-Hemorrhoidal Coagulation and Milligan–Morgan Hemorrhoidectomy. Mohammad Naderan etal 5. Development of major concept in hemorrhoids/piles management. Dr. P. B. Patel 6. SAGES 2019 USA, Keynote IGC 2019 Amsterdam, Proctology 2019, APDW 2019 Calcutta, Worldcon 2020 Hyderabad, etc		
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