Advance Haemorrhoids: Last Line - personalized Purposeful Predictable and Precise Fibrosis (4PF)

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Potential To Replace All Surgical Methods

Background

Extremely High Impact- Burden (USA)

1. 1in 3 on screening colonoscopy.[1]
2. 20% of population diagnosed.[2]
3. 306000 hospital discharge in 2004[1]
4. chronic disease
5. predicted to increase 23% over the next 20 years[3]

Very Costy[4]

USA 2014-the employer insured population-227638 individuals with at least one outpatient hemorrhoid-related claim
-approaches $800 million
-life time cost-recurrence, complications

Very strong need for a better option

Office procedures, Excisional methods and Other methods all has limitations or critical complications.[5] too many options-selection bias

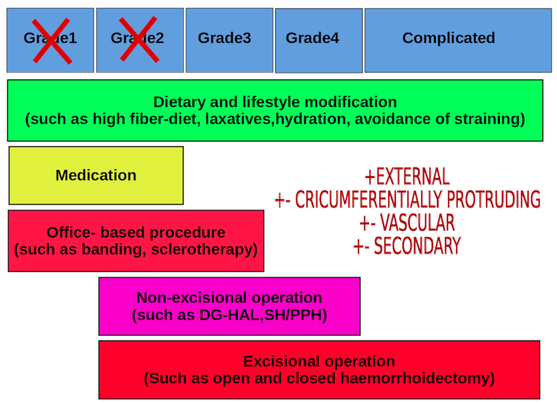
Purpose

Describe new methods for management of advance haemorrhoids and compare with existing methods based on producing **Personalized Purposeful Predictable and Precise Fibrosis (4PF)** which decreases vascularity and distensibilityof Internal and External haemorrhoids, strengthen mucosa and skin over it, increases fixation and still preserving anatomy, physiology and function by Intentionaluse of fibrosis.

Keywords: Hemorrhoids; haemorrhoids; Hemorrhoidectomy; Haemorrhoidectomy; 4PF; Internal haemorrhoids; stapled haemorrhoidopexy; doppler-guided hemorrhoidal artery ligation; Recto-anal repair; Transanal haemorrhoidal Dearterilization; LigaSure™; Harmoni®

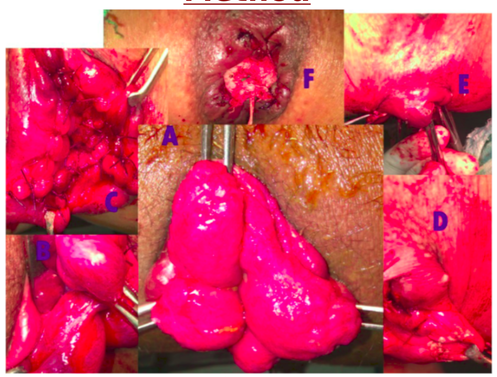
Disclouser: No conflict of interest

Selected Patients in this Series



DG-HAL: Doppler-guided hemorrhoidalartery ligation;
SH: Stapled hemorrhoidopexy;
PPH: Procedure for prolapse and hemorrhoid
Treatment of hemorrhoids: A coloproctologist's View WJG

Method



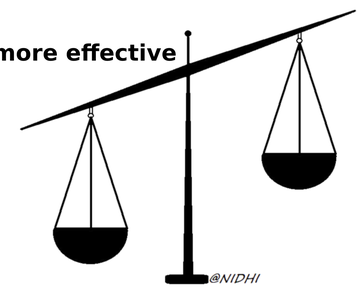
A- Before,
B & C -Internal Haemorrhoids,
D & E-External Haemorrhoids,
F- Final Look
(Note:Multiple low power cauterizations with 24 gauze needles)

Note: Nothing is dissected or cut in internal Haemorrhoids except terminal part that to if needed. In external Haemorrhoid small extra tissue is cut so there are no skin tags. Goal is to decrease vascularity and induce fibrosis and fixation.

1- No important & Critical Complications
2- No Dressing
3- No Follow up
4- Time tested maximum follow up 30 years. minimum follow up 5 years

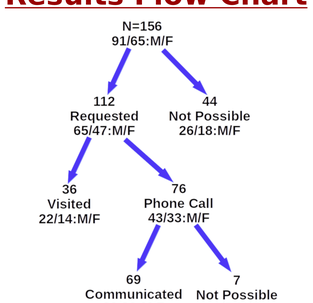
Comparison with other method

Low Cost
Comparatively more effective
Reproductible
Ease of Learing
Feasible
Easy to use
Safe
Reliable



Discharge
Pruritus
Pain

Results Flow Chart



Comparison: 4PF Vs. Other

4PF

Primary haemorrhage	0
Secondary haemorrhage	0
Reoperation	0
Anal stricture/ stenosis	0
Incontinence	0
Recurrence	
Bleeding	0
Prolapse	0

Other

Therapy	Pain	Early bleeding	Late bleeding	Recurrence of hemorrhoids	Poor healing (percent of patients)	Urinary retension	Incontinence	Anal stricture or stenosis
Conventional Hemorrhoidectomy	5-76	2-31	<1-16	0-5	0-10	<1-12	2-15	0-5
Staple Hemorrhoidectomy	<1-40	0-7	2-12	4-11	1-6	2-14	0-11	0-5
Hemorrhoidectomy with use of energy device	5-38	0-4	<1-6	0-2	0-5	2-15	0-27	0-3

Data, reported by De la Garza and counihan, 36 are from randomized, controlledtrials or meta-analyses. The duration of follow-up varied but was generally at least 6 months. Pain was defined as requirement for ongoing analgesic medication 5 days after the procedure. Early bleeding was defined as bleeding that occured 48 hours or less after the procedure, and late bleeding as bleeding that occured more than 48 hours after procedure.
Hemorrhoids danny Jacobs, M.D., M.P.H N Engl J Med 2014;371:944-951 DOI:10.1056/NEJMcp1204188

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Conclusion:
4PF is superior to all available option for advance haemorrhoids

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