

Short Communication

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Redo stapled haemorrhoidopexy: our experience at max hospital, Gurugram

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ABSTRACT

Stapled haemorrhoidopexy like any other surgical procedure can also fail due to error by surgeons or machine, the stapler. Experience of the surgeon plays the most important role in avoiding recurrence of haemorrhoid after stapled haemorrhoidopexy. A description of operative technique and patient's demographics are presented. Ten cases of recurrence of haemorrhoid after stapled haemorrhoidopexy done elsewhere were managed by redo haemorrhoidopexy between 1st June 2011-1st June 2020 at Max hospital, Gurugram, Haryana. All cases were successfully operated though the reason of recurrence was different in these cases. Haemorrhoids or piles are common surgical problem a surgeon faces. The first known mention of this disease is from a 1700 BC Egyptian Papyrus. Stapled haemorrhoidopexy is a new and successful technique to treat haemorrhoids, was developed by Dr. Antonio Longo, Italian surgeon, in 1998. Stapled haemorrhoidopexy avoids formation of wound in the operative area, has the advantage of significantly reducing the post-operative pain. Inadequate knowledge and experience, over confidence, wrong patient selection, improper fixation of circular anal dilator, purse string at wrong site, are common causes of recurrence. We managed the recurrence with taking care of causative factors while doing redo-stapled haemorrhoidopexy successfully in all cases. No case of recurrence of haemorrhoids after stapled haemorrhoidopexy was considered for conventional haemorrhoidectomy. All cases were done with redo-haemorrhoidopexy.

Keywords: Haemorrhoids, Recurrence, Redo stapled haemorrhoidopexy

INTRODUCTION

The word haemorrhoid is derived from Greek 'haemo' (blood) and "rhoos" (flow). The first known mention of this disease is from a 1700 BC Egyptian Papyrus. It was Hippocrates (460 BC) who was first to use the word haemorrhoid in its current context.¹ Haemorrhoids are the most common sickness a human being suffers. Morgagni, GB in 1769, attributed haemorrhoids to erect posture of man. Stapled haemorrhoidopexy is a new and successful technique to treat haemorrhoids. Minimal invasive procedure for haemorrhoids (MIPH) is also known as stapled haemorrhoidectomy/ haemorrhoidopexy. Stapled

haemorrhoidopexy was developed by Dr. Antonio Longo, Italian surgeon, department of surgery, university of Palermo, Italy in 1993.² MIPH avoids formation of wound in operative area, has the advantage of significantly reducing the patient's post-operative pain.^{3,4} Inadequate knowledge and experience, over confidence, wrong patient selection, improper fixation of circular anal dilator, purse string at wrong site, are common causes of recurrence.⁵

Treatment of haemorrhoids by stapled haemorrhoidopexy is increasing day by day due to less pain and early ambulation but recurrence and re-intervention must not

be forgotten. Minimally invasive procedure for haemorrhoids (MIPH) many times falls in disrepute because of the error by man behind the machine or occasionally the machine itself.

Redo stapled haemorrhoidopexy is required due to recurrence of haemorrhoids causing similar trouble for which the surgery was done.

METHODS

Ten cases of failed stapled haemorrhoidopexy were operated by redo stapled haemorrhoidopexy at Max hospital, Gurugram, Haryana between Jun 2011-Jun 2020. All cases were first operated in other hospitals of various cities which failed due to various reasons. Diagnosis of failure was reached by complaints of patients, digital rectal examination (DRE), proctoscopy and sigmoidoscopy. Redo stapled haemorrhoidopexy was done in every case and it was proceeded by Lord's procedure of anal dilatation for 4 minutes in every case. Anoscope of MIPH set of Ethicon was introduced for 2 minutes. Standard stapled haemorrhoidopexy was done in each case. The cause of MIPH failure was asserted in each case and considered while doing redo stapled haemorrhoidopexy. Informed consent was taken from all patients. Follow up was done from 6 months to 5 years.

Patients were between 25 and 55 years and 3 patients were female and 7 were male (Table 1 and 2).

Table 1: Gender wise distribution (n=10).

Gender	No. of patients	Percentage (%)
Male	7	70
Female	3	30

Table 2: Age wise distribution (n=10).

Age (year)	No. of patients	Percentage (%)
21-30	2	20
31-40	2	20
41-50	5	50
51-Above	1	10

Most of the patients in which first stapled haemorrhoidopexy failed were of BMI above 30 (obese) (Table 3).

Table 3: Weight wise distribution (n=10).

BMI (kg/m ²)	No. of patients	Percentage (%)
18.5-25 (normal)	2	20
25-30 (over weight)	2	20
Above 30 (obese)	6	60

RESULTS

All ten cases of redo stapled haemorrhoidopexy were operated successfully. No recurrence was reported. Two patients had mild to moderate pain post operatively which was treated with oral paracetamol and reassurance. One patient had mild bleeding per rectum for one day which subsided with betadine-soaked gauge dressing (Table 4).

Table 4: Post-redo complications (n=10).

Complications	No. of patients	Percentage (%)
Pain	2	20
Bleeding	1	10
Recurrence	0	0

All patients were satisfied with their redo operation (Table 5).

Table 5: Satisfaction index (n=10).

Grades of satisfaction	No. of patients	Percentage (%)
Quite satisfied	9	90
Satisfied	1	10
Not satisfied	0	0

DISCUSSION

PPH or stapled anopexy is a technique that was first described by Longo and was based on trans anal mucosectomy.⁶ PPH is reported to be an effective and safe alternative for surgical haemorrhoidectomy with less post-operative pain, shorter hospital stay and greater patient's satisfaction.⁷⁻¹⁰ Long-term success rates have been reported to be around 70-90%.^{11,12} Raahave et al published their study about failures and post-operative complications after stapled haemorrhoidopexy and said that, 'The risk of re-intervention was greatest during the first year after a stapled haemorrhoidopexy however, there was a high risk of re-intervention after stapled haemorrhoidopexy and this should be further evaluated'. In their series of 258 patient's technical failure occurred in 18 patients.¹³

Reasons of recurrence of haemorrhoid after stapled haemorrhoidopexy requiring redo operation are inadequate knowledge and experience, over confidence, obesity, faulty position, inadequate anesthesia, inadequate relaxation, improper fixation of circular anal dilator (CAD), purse string at wrong site, purse string may be loose, pull on suture-non uniform, leaving big mucosal islands, bleeding from stapled line, stapler does not fire, anvil gets stuck, size disparity, doughnuts incomplete, damaged to the rectal wall and stretch of internal muscles. In our series, most of the cases of recurrence were due to inadequate knowledge and experience of surgeon, obesity, improper fixation of CAD and purse string at wrong site. We feel that we should be extra cautious when we are doing redo stapled

haemorrhoidopexy in an obese patient as obesity interferes in proper positioning and insertion of circular anal dilator which also leads to the application of purse string at wrong site.

CONCLUSION

Stapled haemorrhoidopexy is a good procedure for treatment of haemorrhoid but it requires experience as inexperience can produce more recurrences and other complications. Redo haemorrhoidopexy requires further more experienced hands and one has to diagnose the reason of recurrence before doing redo haemorrhoidopexy to avoid further recurrence after redo operation.

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REFERENCES

1. Windsor E. Surgical History of Haemorrhoids. In Charles MV (ed). Surgical Treatment of Haemorrhoids. 2002.
2. Longo A. Treatment of Haemorrhoids disease, by reduction of mucosa and haemorrhoid prolapse with a circular suturing device: a new procedure. Proceedings of 6th World Congress of Endoscopic Surgery. Monduzzi, Publishing Bologna. Rome, Italy. 1998;777-84.
3. Petal B. RCT between stapled circumferential mucosectomy and conventional circular haemorrhoidectomy on advanced haemorrhoids with external mucosal prolapse. Am J Surg. 2001;182(1):64-8.
4. Nigam VK, Nigam S. Lord's procedure prior to stapled haemorrhoidopexy, reduces post-operative complications. IJSS. 2020;3(1):154-5.
5. Parry FQ, Samie AU. Managing Technical failures in Stapled Haemorrhoidectomy. Austin Deg System. 2016;1(1)1002.
6. Longo A. Stapled anopexy and stapled haemorrhoidectomy: two opposite concepts and procedures. Dis Colon Rectum. 2002;45:571-2.
7. Ganio E, Altomare DF, Mileto G, Gabrielli F, Canuti S. Long-term outcome of a multicentre randomized clinical trial of stapled haemorrhoidopexy versus Milligan-Morgan haemorrhoidectomy. Br J Surg. 2007;94:1033-7.
8. Tiandra JJ, Chan MK. Systemic review on the procedure for prolapsed and haemorrhoids (stapled haemorrhoidopexy). Dis Colon Rectum. 2007;50:878-92.
9. Goldstein SD, Mestin KP, Mazza J. Stapled haemorrhoidopexy: outcome assessment. Am Surg. 2007;73:733-6.
10. Giordano P, Gravante G, Sorge R, Orens L, Nastro P. Long-term outcomes of stapled haemorrhoidectomy: a meta-analysis of randomized controlled treats. Arch Surg. 2009;144:266-72.
11. Thapa MA, Campbell KL, Kazmi SA. Prospective randomized multi-centre treat comparing the clinical efficacy, safety and patient acceptability of circular stapled anopexy with closed diathermy haemorrhoidectomy. Gut. 2009;58:668-78.
12. Bona S, Battafarano F, Fumagalli Romario U, Zago M, Rosali R. Stapled anopexy: postoperative course and functional outcome in 400 patients. Dis Colon Rectum. 2007;50:204-12.
13. Raahave D, Jepsen LV, Pedersen IK. Primary and Repeated stapled Haemorrhoidopexy for Prolapsing Haemorrhoids: follow-up to five years. Dis Colon Rectum. 2008;51(3):334-41.

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