LETTER TO THE EDITOR

Doppler-guided recto-anal repair: A new minimally invasive treatment of hemorrhoidal disease of all grades according to Scheyer and Arnold

La ligature des artères hémorroïdaires sous contrôle doppler avec mucopexie : une nouvelle technique mini-invasive de traitement de tous les stades de la maladie hémorroïdaire d’après Scheyer et Arnold

We have performed hemorrhoidal artery ligation at our department since 2000 and have further refined this technique through the introduction of Doppler-guided recto-anal repair (DG-RAR), a combination of hemorrhoidal artery ligation and a new procedure that we developed and have called transanal rectal mucopexy. DG-RAR allows us to perform both hemorrhoidal artery ligation and mucopexy according to the anopexy technique, while still avoiding the dentate line. For this purpose, the hemorrhoidal artery ligation proctoscope was adapted and provided with a slotted window, which is primarily closed during hemorrhoidal artery ligation. A protecting cylinder gradually opens the slotted window from proximal to distal and enables the surgeon to place a continuous longitudinal suture in the lower third of the rectum (transanal rectal mucopexy). This continuous suture can be placed repeatedly according to the extent and number of prolapsing piles.

Hemorrhoidal artery ligation is performed as a first step in order to ligate, if possible, all of the detectable artery pulsations. In the case of existing prolapses in grade III and grade IV patients (according to the maximum point of prolapse), the proctoscope as described above is used in a second step. It is, however, inserted through the anal canal in mucopexy position so that a continuous suture can be placed, starting approximately at 5 cm proximal to the dentate line and finishing shortly before it.

Patients are operated in lithotomy position following pre-surgery preparation either on an outpatient basis or in hospital. The rectum is emptied at least one hour preoperatively. Once the patient has received local anesthesia and sedation, the sphincter is gently dilated up to a width of two fingers using a generous amount of Xylocain Gel®. After the procedure the proctoscope is removed completely and the patient is given an analgesic in the case of postoperative pain.

While Doppler-guided hemorrhoidal artery ligation leads to a reduction of the blood flow and shrinkage of hemorrhoidal cushions, transanal rectal mucopexy results in a lifting of the hemorrhoidal plexus and its fixation in the anatomically correct region. With a success rate of over 90% in our first 72 DG-RAR procedures and a high patient satisfaction rate, this minimally invasive treatment of hemorrhoidal diseases of all grades allows, in most cases, for the restoration of the normal anatomy and substantially-reduced patient pain.

M. Scheyer
Department of General Surgery,
State Hospital, Bludenz, Austria
E-mail address: matthias.scheyer@lkhz.at
URL: http://www.lkhz.at/bludenz/chirurgie

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