

State-of-the-art hemorrhoid treatment

Stage-appropriate, little or no pain, durable

Pathologically enlarged hemorrhoids are a very common and widespread complaint that is usually caused by hard stools and forceful bowel movements or by increased pressure within the abdominal compartment. Apart from an unhealthy, low-fibre nutrition, insufficient fluid intake and a propensity towards hemorrhoids, this pathological condition can also be caused by the suppression of natural bowel movements. **The first step** towards a **successful and permanent treatment** of hemorrhoids is **an improved diet to regulate bowel movement**. In addition, various ointments, suppositories and tonifying drugs, e.g. flavonoids, are available for shrinking pathologically enlarged hemorrhoids back down to normal size.

Typical symptoms of enlarged hemorrhoids:

- (Bright red) blood on stool or bleeding after bowel movement
- Anal itching, watery discharge or smearing
- Pain
- Prolapse of hemorrhoids during bowel movement

If **conservative therapy does not** lead to the **desired result**, different **surgical techniques** can be used, depending on the degree and stage of the condition. Everyone has hemorrhoids; they are arterio-venous vascular plexuses and a very important continence organ responsible for fine continence. For this reason, modern methods such as **HAL or HAL/RAR**, which allow prolapsing haemorrhoids to be treated in a gentle way and without scalpel, by causing the haemorrhoidal cushions to shrink back to normal size through artery ligation and restoring them to their original position, are **superior to other procedures** which either partially or completely remove hemorrhoids or cut off the entire blood supply. **Patient satisfaction** is **very high**, as these new **HAL or HAL-RAR** procedures can be performed **on an outpatient basis** and do not cause any post-operative pain which is feared by many patients. Nothing is surgically removed and no large wound is caused. **Complication rates** are extremely **low** compared with other procedures. The recurrence rate is about the same for all methods. Since the HAL/RAR method restores the **original state** without **resecting anything**, the procedure can be repeated as often as required. Other methods can also be used after HAL/RAR. **Longo's** procedure for prolapse and hemorrhoids is another gentle method which restores prolapsing hemorrhoids to their original position inside the the anal canal. This effect is referred to as **anal lifting**. In contrast to the first-mentioned method the effect of anal lifting is not so marked with the

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Longo method, and the entire blood supply of the hemorrhoids is cut off, which is no substantial disadvantage for the patient in most cases. Patient satisfaction is similarly high with this method, which is also painless like HAL and HAL/RAR: Another method which is also used to improve rectal prolapse or rectocele (bulging of the front wall of the rectum into the vagina), is the surgical technique "**STARR**".

In some cases it may still be necessary to surgically remove hemorrhoids at least partially. The most common surgical procedures used are **Milligan-Morgan, Parks and Ferguson**.

All in all, **stage-appropriate hemorrhoid treatment**, after all conservative and medical treatments have failed, which **tries to preserve hemorrhoids** and uses surgery only when deemed absolutely necessary, is state of the art.

Please feel free to make an appointment for an in-depth consultation about this condition and available therapies. I will be pleased to develop an individual medical treatment concept that is tailored to your specific needs.