Advanced hemorrhoids: Control vs. Cure

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Background

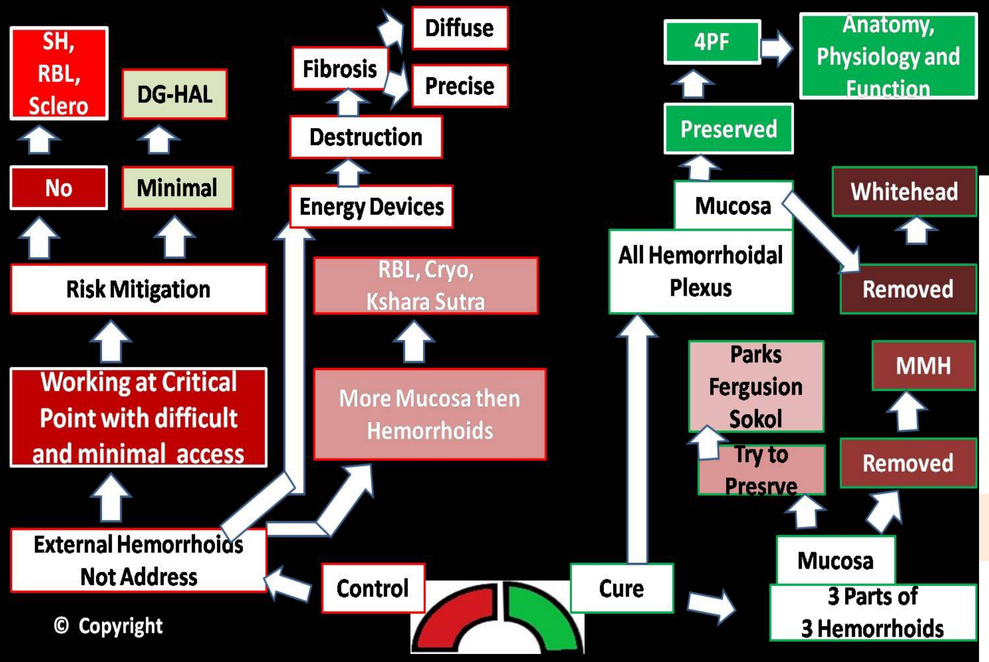
1 confusion surrounding the etiology and guiding principle
2. Clinical practice guidelines, informative decision-making tools. Offering a spectrum of options.
3. Expanding array of methods, modifications, personalized approaches, and nomenclature

Objectives

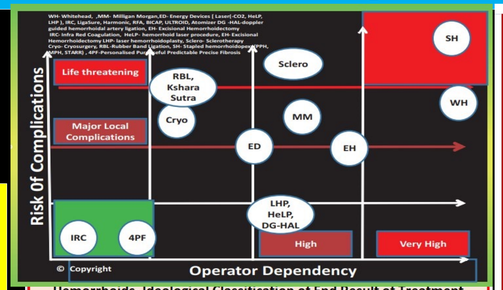
Use visuals to express available knowledge in different contexts.

Method

1 comprehensive review of all available guidelines and guideline references
2 informative charts were meticulously prepared to present clinically significant data.



Result s



Hemorrhoids- Ideological Classification of End Result of Treatment

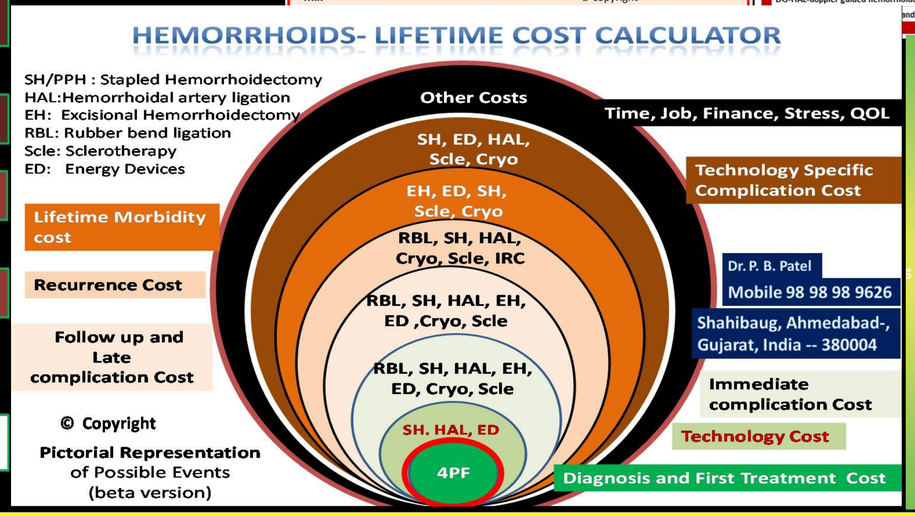
Principle	Method	Sub method	MuEx	ExHe	Examples
Remove	Excision	Complete	Complete	Yes	EH- Open , Closed, Semi, Sub
	Ligation	incomplete	More then Hemorrhoid	No	RBL, Ayurvedic- KSHARA SUTRA
	Destruction	Energy devices	Complete	?	Laser, IRC, Bipolar –BICAP, Direct current – ULTROID, LigaSure™ , Harmonic R, Starion™ , RFA,
	Vaporization	Atomizer™	Complete		Atomizer™
Repair	Fixation	Pull up	Above	No	stapled hemorrhoidectomy
	Blood Supply	Arterial Ligation	No	No	DG-HAL, RAR maybe needed
		Embolization	No	No	Embornoid
	Tone	Reduction	No	No	Lord
	Fibrosis				
Replace		Precise	Only if	Yes	4PF
		Diffuse	No	No	Sclerotherapy, Cryosurgery
Mix					© copyright

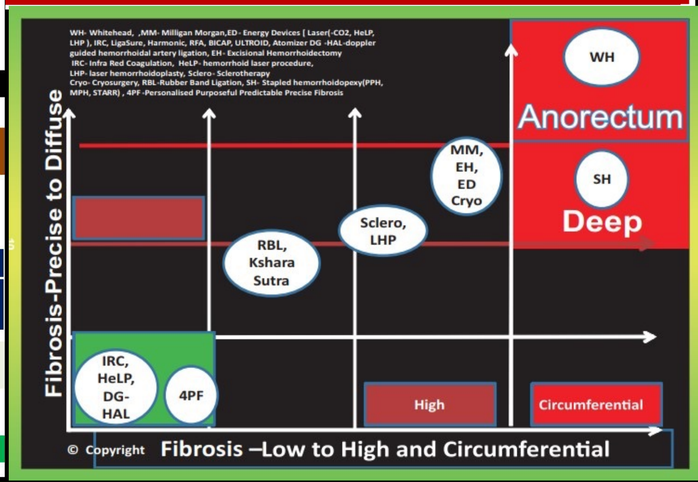
Comparing Various Methods of Piles / Hemorrhoids Treatment

More Info	Invesive				Minimaly Invesive							
Hemorrhoids University	Cure with a Cost				Control with a Cost							Cure
	Operation				Day Care	Office	Day Care	Office	Day Care	Office	Day Care	Over Night
			ED			ED as Photocoagulation						
http://cancervijay.com/	WH	EH	Knife	Destruction	DH-HAL	IRC	HeLP	LHP	Sclero	Cryo	RBL	SH, STARR	4PF
Pedicle	●	●			●	○	○						●
Internal	●	●	●	●				○	○	○	○		●
External	●	●	●	?				?					●
Secondary	●							?					●
Circumferential	●												●
Non of above												○	
Stage	III, IV ++		III, IV		II , III								II, III, IV ++
Recureence	Very Low		Low		Very High			High					Very Low
Operator Dependency	VeryHigh		High		Very High	Very Low	High	Medium				Higest	Medium
Potentially Risky	Very high		High			Very Low		High		High		Higest	Low
Mucosa	Removed				Almost As it is		Submucos Fibrosis		Destroy	Remove	Remove-Reposition		Almost As it is
Fibrosis	++++		+++			Pricise		Diffuse			+++		Precise
Fibrosis	Circular										Deep Circular		
Risk Mitigation					Minimal			No		No	No		
End result	Remove				Repair		Replace			Remove	Repair		Replace
Pain	+++++		++++		+		++	++	+++	++	++		+++
Discharge	+++++		++++				+	+	++++	+	++		+++
Follow Up	Many require follow up- May be long Term, May require Second Procidure												Only if, Short
Itching	Yes				No		?		Yes	?			Yes
	● High Local Cost		○ Conditions Apply				○ What If		Mucosa More				

WH- Whitehead, EH- Excisional Hemorrhoidectomies, ED- Energy Devices [Laser(-CO2, HeLP, LHP), IRC, LigaSure, Harmonic, RFA, BICAP, ULTROID, Atomizer DG -HAL-doppler guided hemorrhoidal artery ligation, IRC- Infra Red Coagulation, HeLP- hemorrhoid laser procedure, LHP- laser hemorrhoidoplasty, Sclero- Sclerotherapy Cryo- Cryosurgery, RBL-Rubber Band Ligation, SH- Stapled hemorrhoidopexy(PPH, MPH, STARR) , 4PF-Personalised Purposeful, Predictable Precise Fibrosis © Copyright

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Conclusions

This presentation is a beta version, and it is neither final nor perfect. Its purpose is to initiate fresh discussions and research initiatives worldwide, addressing the intricate landscape of advanced hemorrhoid treatment options.