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Transanal open haemorrhoidopexy

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Aim: Haemorrhoidopexy has been found to be associated with less postoperative pain and earlier mobilization compared to classical haemorrhoidectomy. A disadvantage of stapled haemorrhoidopexy is that this procedure cannot be performed under full vision. The proposed technique considers current pathophysiological insights and can be performed under full vision.

Method: Between November 2006 and April 2008, 61 patients underwent transanal open haemorrhoidopexy (TOH) in 2 centres. Patients were operated on in the lithotomy position. Using 4 Z-sutures, approximately 4 cm above the dentate line and sparing mucosal resection, the haemorrhoidal tissue was lifted into its original position.

Results: Fifty (83.3%) patients were free of complaints after surgery. Ten (16.7%) had postoperative pain which could be managed by regular pain medication. Two (3.3%) had postoperative bleeding which in both cases stopped spontaneously. In all, 54 patients had no complaints at follow up. In 6 (10%) cases there was recurrence of segmental mucosal prolapse. One patient underwent a second TOH. Three (5%) patients had anal itching at last follow up.

Conclusion: TOH is a cost-effective procedure and it can be performed in a short time under full vision with good results. Studies with longer follow up should be conducted.