Hemorrhoids

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The publication in this journal by Paikos D, Gatopoulu A *et al* (1) shows the excellent results obtained by the authors in their patients using the disposable O'Regan ligator in the manner described by the inventor (2) and in Dr. Corman's textbook (3).

Internal hemorrhoids are complex arterio-venous cushions situated just above the dentate line of the anal canal. They can cause bright red bleeding and Thulesius (4) showed that hemorrhoidal blood had the same pO_2 and oxygen saturation as that of arterial blood. The grading of hemorrhoids is by degree of prolapse, and in North America we use Banov's grading (5), which is very similar to Professor Goligher's grading which is used by the authors. A felicitous aspect of the authors' paper is the incorporation of two additional numerical descriptors of "Range" determined by the circumferential involvement of the hemorrhoids and "Form" determined by the size of the largest hemorrhoid. The authors showed that Grade, Range and Form all reverted towards normal after banding with the O'Regan ligator.

The difference between the O'Regan ligator and other methods of treating hemorrhoids are many. Although banding has been the mainstay of treating hemorrhoids for many years since James Barron (6) invented the metal instrument which bears his name, and other similar devices are also in use, the trend in surgery has been away from metal instruments which need to be dismantled and sterilized and towards clean disposable devices. The advantage of a clean disposable device is that the risk of cross infection is eliminated – no small thing in the current milieu of AIDS, Hepatitis, Herpes and their companions. The patient does not wish to go away from banding with a risk of an additional problem of this nature. The use of gentle suction rather than a toothed grasper also leads to less trauma of tissue and less of a risk of injected microbes or of picking up too much deep tissue particularly the muscle. This too may account for the reduction in pain and the absence of severe bleeding or sepsis or urine retention which some have blamed on picking up the deeper layers such as muscle with the older instruments (7, 8). My own preference (8) is to only band one hemorrhoid at a time to lessen the risk of pain or urinary retention as expressed in Dr. Seymour Schwartz's text book (7), but the authors have shown in their paper that multiple ligation of hemorrhoids is safe and these complications do not occur in their hands with the O'Regan ligator. The absence of sepsis in all reports of the use of the O'Regan ligator is very noteworthy, as this life threatening complication is always the dread of the surgeon operating on anal problems, but we must always be alert for the patient who experiences pain, urinary retention and fever soon after him/her banding and see him/her promptly and start vigorous antibiotic treatment.

Another significant benefit to the surgeon or physician is the fact that he/she does not need a third hand - the O'Regan device can be easily used by one person without the need for an assistant.

This is a timely publication as the O'Regan device offers a disposable instrument for treating hemorrhoids which can be used by one operator and is safe and effective.

References

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