

Hemorrhoids (Piles) is a very common problem encountered by all practitioners in field of Gastroenterology. Only a miniscule percentage of such cases need to actually undergo surgical treatment. Bright red blood in stool is very scary for the patient but rarely if ever life threatening. Treatment ranges from simple home remedies to medical treatment, sometimes non surgical procedures and rarely surgery; open or stapled hemorrhoidectomy. We provide the entire gamut of the therapeutic options for hemorrhoids. We pioneered IRC (Infrared coagulation) in the region by introducing it in 1998, Now we have also introduced endoscopic hemorrhoid band ligation about 4 yrs ago. Though we also have facility of sclerotherapy (Injections) and cryotherapy (freezing) these are no longer frequently used being obsolete technology with established complications. We have our own operation theater to perform open or stapled hemorrhoidectomy.

Endoscopic Treatment of Piles (Internal Hemorrhoids);

This method first reported in world literature around 2004 is now brought to this region after initial trials at our center. Treatment involves Endoscopic suction band ligation of internal hemorrhoids in straight or retroflexed position. The technology was originally developed in late 1990s for esophageal varices and was found to be exceedingly useful and today is treatment of choice for esophageal varices. Banding using rigid proctoscope has been practiced as treatment for hemorrhoids since many decades but problems associated were many including tearing of the hemorrhoid when pulled into the band, lack of documentation, lack of maneuverability. The Endoscopic suction band ligation obviates most of the problems and is expected to become the standard of care for Gr 2 & Gr 3 Internal hemorrhoids in coming years.

How many sessions are needed for complete treatment ?

About 60% of patients do not require more than 1 session to eradicate the symptoms

of the disease.

What grade of hemorrhoids are suitable for this method of treatment?

This method is suitable for Gr 2 & Gr 3 internal hemorrhoids.

How to prepare for the procedure ?

Patient comes after clearing the lower intestines either by taking "Colopeg" powder or after enema. This is a walk in walk out procedure for which no hospitalization is needed. Usually no preprocedure investigations are needed but a previous colonoscopy is advised to rule out any other cause of bleeding high up.

Can diabetics and Heart disease patients undergo this procedure?

This procedure is specially suitable for patients with diabetes and IHD as also for elderly patients otherwise not fit for surgery.

Is the procedure 100 % successful?

Rarely the procedure may fail to cure the disease and then surgical hemorrhoidectomy may still be needed but our results so far are exceedingly good with no surgery having been performed in the last 128 patients treated by this method over here over the last 1 year (upto Mar 2011). However since our center provides all surgical facilities even surgical hemorrhoidectomy if needed patient does not need to be referred to any other place.

What are the complications?

Reported complications in world literature are ; Pain controlled with analgesics in 25%, Failure (Continued bleeding) in less than 5 %, Thrombosed external hemorrhoid (single case reported in world literature), perianal abscess (single case reported in world literature). Surgery treated the cases of failure, perianal abscess and thrombosed external hemorrhoid.

What is the cost of treatment?

First session of ESBL; Rs 8000/-, repeat sessions if needed Rs 5000/-,

IRC ; Rs 4500 for upto 3 sessions. Consultation fee remains payable on each visit.