

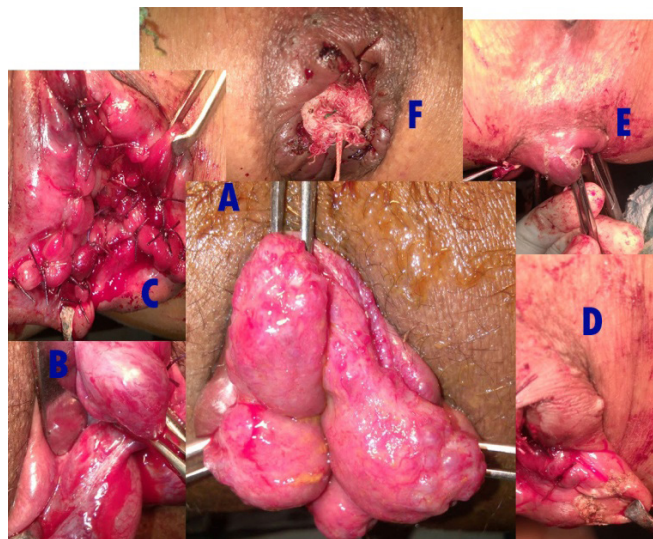
Advance Haemorrhoids: Last Line – Personalized, Purposeful, Predictable and Precise Fibrosis

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Statement of the Problem: Grade III and IV highly vascular haemorrhoids with Secondary haemorrhoids - (between the anal cushions) and Circumferential and Circumferentially Protruding Haemorrhoids with external haemorrhoids is a challenging problem for both surgeon and patient. Surgery is the only option Open haemorrhoidectomy (Milligan Morgan) remains the gold standard for surgical intervention for haemorrhoids and is the still most popular technique. Other popular options are closed hemorrhoidectomy (Ferguson), Submucosal technique of Parks and many other. However, haemorrhoidectomy is recognised as a painful procedure with a risk of significant complications and remains unpopular. Primary and secondary haemorrhage, retention of urine, wound infection, incontinence and anal stenosis are common.

The Purpose of this Study is: To describe a unique method called **Personalized, Purposeful, Predictable and Precise Fibrosis (4PF)** focusing on decreasing haemorrhoid vascularity, reducing redundant tissue and promoting haemorrhoid fixation to the rectal wall. This method is reproducible, has a short learning curve and consistently predictable result and useful in any and all type of grade III and IV highly vascular haemorrhoids with Secondary haemorrhoids -(between the anal cushions) and Circumferential and Circumferentially Protruding Haemorrhoids with external haemorrhoids. Presenting 156 patients over the period of 30 years with a maximum follow up of 30 years and minimum follow up of 5 years.

Conclusion & Significance: Almost all patients are discharged after 24 hours with no need to follow up except have a problem. No case of postoperative bleeding or reexploration or wound complications was reported. Even on the long-term study of 5 to 30 years incontinence, anal fissure, external haemorrhoids, mucosal prolapse, recurrence of haemorrhoids, anal stenosis /stricture were not reported. This new method has the potential to replace all surgical methods available now. It has an excellent short term and long term results.



Various Steps of Operation:

- A- Before, B and C –Internal Haemorrhoids, D and E –External haemorrhoids, F –Final look (Note multiple low power cauterizations with 24 gauze needles),
- B- Note nothing is dissected or cut in internal Haemorrhoids except terminal part that to if needed. In external Haemorrhoid small extra tissue is cut so there are no skin tags. Goal is to decrease vascularity and induce fibrosis and fixation.

Biography:

Parshottambhai B Patel MS is Surgeon and Cancer specialists. He was practicing from last 34 years. Primary focus is on anorectal diseases, breast and head and neck cancer. Primary focus is prevention and early detection of cancer. He has written one book and more than 15 educational booklets. He has taken more than 1000 lectures all over state of Gujarat. He is also distributing educational information with actionable information in a way which is easy to understand.