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VIDEO ARTICLE

Stapled Hemorrhoidopexy for the Treatment of Hemorrhoidal Disease: A Video Vignette

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ABSTRACT

Hemorrhoidal disease is a common proctologic disease characterized by enlarged, inflamed, thrombosed, or prolapsed hemorrhoids, with symptoms including pain and rectal bleeding. This video presents a 28-year-old female patient with a grade 3-4 hemorrhoidal disease who underwent stapled hemorrhoidopexy using the prolapse and hemorrhoids system.

Keywords: Hemorrhoids, proctology, surgery

Introduction

Stapled hemorrhoidopexy is an efficient surgical procedure for hemorrhoidal diseases, particularly with mucosal prolapse. This technique reduces the length of hospital stays and may have an advantage in terms of decreased operating times, reduced post-operative pain, and less bleeding; however, it is associated with an increased rate of recurrent prolapses.[2-4] Almost all the recurrence cases are related to technical failures. This video aims to show the detailed technique steps of the stapled hemorrhoidopexy to prevent future complications during this procedure.

The procedure for prolapse and hemorrhoids was introduced in 1993 as a novel treatment for hemorrhoidal disease and was originally described as rectal mucosectomy. The procedure's creator, Antonio Longo, described this surgery as an excision of a rectal internal mucosal prolapse.[5]

Case Report

This video introduces a case of a 28-year-old woman who had hemorrhoids. The patient had complaints of anal swelling, soiling, and bleeding. The physical examination revealed grade 3-4 hemorrhoidal disease. Her obstructed defecation score was 5, and a grade 1 rectocele was identified during a pelvic floor examination. No other issues were found during the rectosigmoidoscopy. A stapled hemorrhoidopexy procedure was performed, and the patient was discharged on postoperative day one and received recommendations for daily wound care. The postoperative Visual Analog Scale scores were 1, 0, 0, and 0 on the first day, first week, first month, and third month, respectively. No recurrence was observed during the 3-month postoperative follow-up.

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