



# Milligan-Morgan Hemorrhoidectomy

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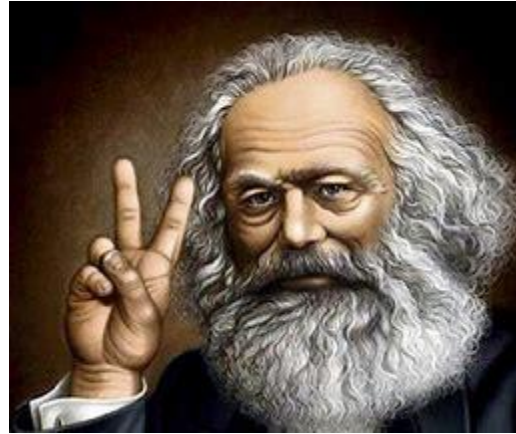
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## Disclosure

none





# How they present?

- Bleeding (bright red) ,
- Prolapse,
- Soiling, Discharge, Itching
- Pain (if thrombosed)





# Outpatient Managements

## 1. Behavioral

- Sitz baths
- Lifestyle adaptations to prevent constipation

## 2. Oral

- Fiber
- Oral flavonoids

## 3. Topical

## 4. Nonsurgical ablative treatments

# Non Surgical Ablative treatments

- Rubber band ligation (RBL)
- Injection sclerotherapy
- Infrared photocoagulation (IRC)



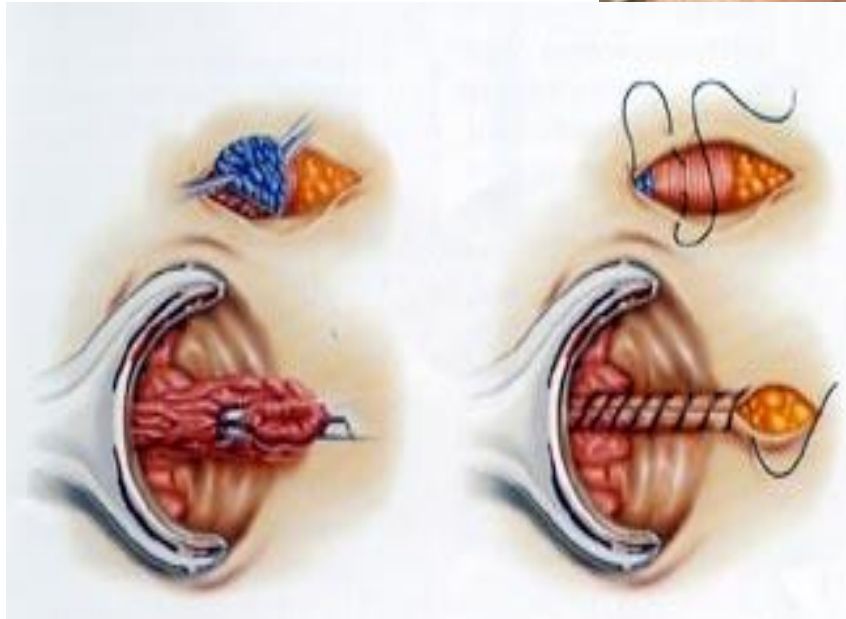
# Operative management

- Excisional hemorrhoidectomy
- Stapled hemorrhoidopexy (PPH)
- THD
- Hemorrhoidal laser procedure (HeLP)



# Excisional hemorrhoidectomy

- Open hemorrhoidectomy ( Milligan-Morgan) 1937
- Closed hemorrhoidectomy (Ferguson and Heaton 1959)



## Transanal hemorrhoidal dearterialization versus Milligan–Morgan hemorrhoidectomy in grade III/IV hemorrhoids

- 87 patients : grade III-IV hemorrhoids.
- post-operative pain , bleeding and soiling.
- follow-up : at 3 months, 1 year and 3 years.
- Grade III-IV hemorrhoids : THD lower incidence of post-operative pain and faster recovery and return to work activities and social life compared to MM cases.
- In grade IV hemorrhoids treated with THD or MM these objectives have been reached later compared to grade III.
- recurrence at 3 years : THD :15% of cases.
- grade IV hemorrhoids treated with MM no recurrence

- For grade III hemorrhoids THD technique provides the same results of MM, while for grade IV hemorrhoids we believe that better result can be achieved with MM technique.
- grade IV hemorrhoids the choice between THD and MM can be more rationally made on the basis of objective examination with the patient in the operating position and already anesthetized and therefore in complete relaxation.

**Comparative study between Milligan-Morgan hemorrhoidectomy, stapled hemorrhoidopexy, and laser hemorrhoidoplasty in patients with third degree hemorrhoids: a prospective study**

Moheb S. Eskandaros, Ahmed A. Darwish

- prospective randomized comparative study.
- 120 patients 40 patients each
- Operative time, hospital stay, return to daily activities, postoperative pain, urinary retention, postoperative hemorrhage, recurrence, and anal stenosis.
- The operative time was 27, 25, and 22min
- the hospital stay was 2.1, 1.1, and 0.7 days,
- time to return to activity was 26, 17, and 11days,
- Postoperative pain on day 1 was 6, 4, and 2 in
- on week 1 was 5, 2, and 0.8

- Recurrence occurred in 1, 3, and 4 patients in groups A, B, and C, respectively.
- Anal stenosis occurred in 2 patients in group A.
- This study clarified that LHP is the most suitable technique for third degree hemorrhoids.

## Transanal hemorrhoidal dearterialization with mucopexy versus Ferguson hemorrhoidectomy for prolapsed internal hemorrhoids: A multicenter prospective study

TYPE OF EVIDENCE	Multicenter, parallel-arm, non-randomized prospective study
LEVEL OF EVIDENCE	1B
HAEMORROIDS DEGREE	Prolapsed, non-incarcerated, reducible internal hemorrhoids in at least three columns
PATIENTS	197 patients included
FOLLOW UP	Mean 3 years
RELAPSE AT THE END OF FU	5,9%

### CONCLUSIONS

This study suggests that THD was associated with better clinical and patient-reported outcomes within 6 months following surgery in patients with prolapsed non-incarcerated reducible internal hemorrhoids in at least three columns as compared to Ferguson hemorrhoidectomy with nonsignificantly different recurrence rates at 3 years.



## Transanal Hemorrhoidal Dearterialization With Doppler Arterial Identification Versus Classic Haemorrhoidectomy: A Retrospective Analysis of 270 Patients

V. Consalvo, F. D'Auria, V. Salsano  
2019


### KEY POINTS

- THD group showed **lower postoperative pain** rate than hemorrhoidectomy
- THD group showed **lower post operative bleeding** than hemorrhoidectomy
- No patient reported fecal incontinence in THD group vs 1 patient in hemorrhoidectomy group
- **Faster hospital discharge**

<b>TYPE OF EVIDENCE</b>	Case series
<b>LEVEL OF EVIDENCE</b>	4
<b>HAEMORRHOIDS DEGREE</b>	II-III
<b>PATIENTS</b>	270
<b>FOLLOW UP</b>	36 months
<b>CONCLUSIONS</b>	The THD technique is a <b>safe</b> and <b>effective</b> procedure for grades II and III hemorrhoids, has lower rates of post-operative pain and bleeding, and allows faster hospital discharge; however, it also shows a higher rate of recurrence at three years of follow-up.



# Doppler-guided transanal hemorrhoidal dearterialization versus conventional hemorrhoidectomy for treatment of hemorrhoids – early and long-term postoperative results

V. Popov<sup>1,2</sup>, A. Yonkov<sup>1,2</sup>, E. Arabadzhieva<sup>1,2\*</sup> , E. Zhivkov<sup>1,2</sup>, S. Bonev<sup>1,2</sup>, D. Bulanov<sup>1,2</sup>, V. Tasev<sup>1,2</sup>, G. Korukov<sup>1,2</sup>, L. Simonova<sup>1,2</sup>, N. Kandilarov<sup>1</sup>, A. Taseva<sup>1</sup> and V. Dimitrova<sup>1,2</sup>

## KEY POINTS

- Similar long-term outcomes comparing to the conventional hemorrhoidectomy
- THD group showed lower postoperative pain rate than hemorrhoidectomy
- Less early complications
- Lower mean hospital stay in THD

TYPE OF EVIDENCE	Individual Case-control study
LEVEL OF EVIDENCE	3B
HAEMORRHOIDS DEGREE	II- III-IV
PATIENTS	287
FOLLOW UP	Mean 45 months
CONCLUSIONS	Doppler-guided THD seems to be an <b>efficient</b> and <b>safe</b> option for treatment of hemorrhoids, related to <b>lower postoperative pain</b> and excellent, similar long-term outcomes compared to conventional hemorrhoidectomy (CH). For advanced grades of hemorrhoids, Doppler-guided THD could be a valuable alternative, but there is a need for patients' selection.

# HeLP



# Hemorrhoidal laser procedure: short- and long-term results from a prospective study



Nicola Crea, M.D.<sup>a,\*</sup>, Giacomo Pata, M.D.<sup>b</sup>, Mauro Lippa, M.D.<sup>a</sup>, Deborah Chiesa, M.D.<sup>c</sup>, Maria Elena Gregorini, M.D.<sup>d</sup>, Paolo Gandolfi, M.D.<sup>a</sup>

- 97 patients : grade II and III hemorrhoids
- No significant intraoperative complications
- Postoperative pain was null
- Frequency of bleeding, pain, itching : decreased (76% )
- Recurrence rate : 5% at 2 years

## **Comparison of Laser Hemorrhoidoplasty and Milligan–Morgan Hemorrhoidectomy Techniques in the Treatment of Grade 2 and 3 Hemorrhoidal Disease**

- A randomized clinical trial.
- 85 patients , Grade II ,III
- 54 patients Group L, 31 Group M.
- Perioperative hemorrhage : lower in Group L compared to Group M (P = .035).
- The postoperative Pain scores : lower in Group L compared to M Group (P < .001)
- On the 7<sup>th</sup> postoperative day, Group M needed considerably more analgesia compared to Group L (P < .001, P = 1.00, P = .035, respectively).

# Conclusion

- The understanding of the pathophysiology and presentation, coupled with a methodic approach to the patient interview and exam, is vital to establishing the correct diagnosis and therefore guiding treatment or the need for further workup
- LHP and THD is less pain ,Shorter recovery times, Lower Risk of Complications ,Higher recurrence rate ~ 20% .But higher Patient Satisfaction.

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**THANK YOU!**