



Radiofrequency Ablation of Hemorrhoids First results of a new technique

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Introduction

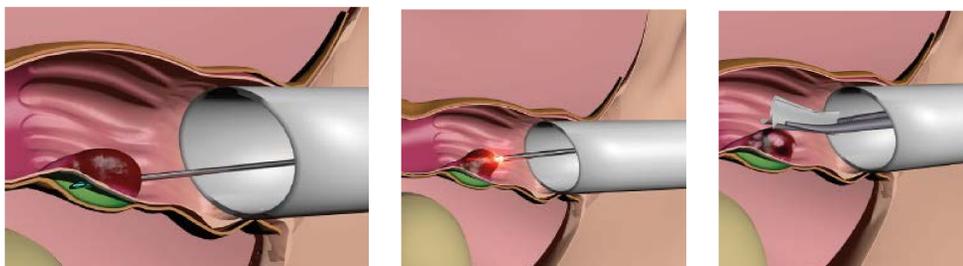
In Germany for third degree hemorrhoids usually operative therapy (Milligan Morgan or stapled hemorrhoidopexy) is performed. Especially the second procedure needs general anesthesia. Restrictions in daily life, such as postoperative pain or temporary disability, can be attending ill.

The aim of this study was the evaluation of a new treatment for third degree hemorrhoids in local anesthesia using radiofrequency ablation (RFA) regarding applicability, complication, postoperative pain and restrictions in daily life.

Methods

Between 3/2015 and 3/2016 we treated 20 patients (16 m, 4 f) with two III° piles maximum by RFA (so called Rafaelo method, F-Care Systems, Belgium).

Schematic pictures showing Rafaelo procedure:



Lidocaininjection 1%, 5ml between mucosa and sphincter muscle

RFA with 25 W, 1500 – 3000J, 60 – 150 seconds

In the end cooling with cold gaze

Follow up was performed after one week, after four weeks and after six months, if possible (mean : 4,5 months). Patients were asked for their use of painkillers as well as suitability for daily use/ disability and complication.

For patients survey we used the proctological symptom score showed below which included following criterias: itching, pain, bleeding and weeping.

0	1	2	3	4	5	6	7	8	9	10
min										max

Proctological symptom score. Kraemer et. al.2015, colorectal dis.

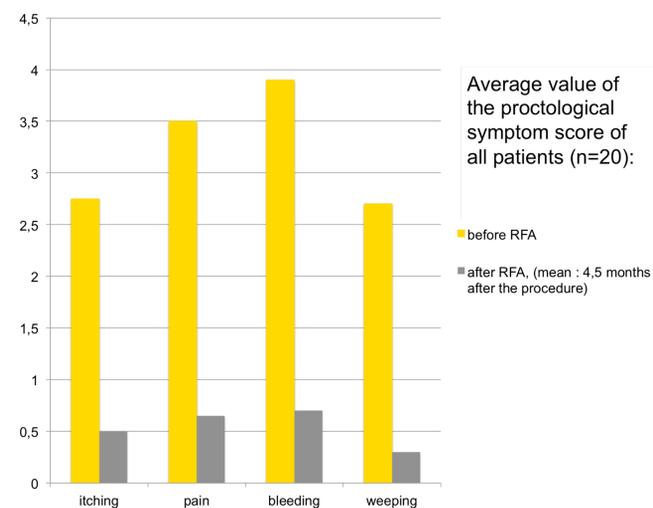
Conclusion

The radiofrequency ablation of third degree hemorrhoids with the Rafaelo® procedure seems to be a quick, low in pain, safe and effective treatment with great outcome in short-time follow up. Moreover, outpatient management and low postoperative restrictions may make it superior to the conventional treatment.

Recently we started a multicentre prospective trial in order to evaluate much more patients with a longer follow up.

Results

- In every patient Rafaelo procedure could be carried out without general anesthesia
- There were no intraoperative complication
- After the procedure painkillers were taken by four patients (20%), maximum three days and not more than three ibuprofen pills 400 mg per day
- Two patients mentioned restrictions in daily life. One patient felt slightly uncomfortable for two days while cycling, in another case, based on strong pain one day after the procedure, a pelvic ct was taken, but nothing to treat was found.
- In two cases occurred secondary bleeding. In one of these cases a reoperation was done in an other clinic, but intraoperatively no bleeding source was found.
- There had never been a need for a certificate of disability.
- After four weeks there had been a considerable improvement of all symptoms in 19 out of 20 cases.



Before RFA



Immediately after RFA