

THD - HALO Procedure for **Haemorrhoids**

QUESTIONS & ANSWERS



GLASGOW COLORECTAL CENTRE
WWW.COLORECTALCENTRE.CO.UK

GLASGOW COLORECTAL CENTRE
Ross Hall Hospital
221 Crookston Road
Glasgow
G52 3NQ
e-mail: info@colorectalcentre.co.uk
Ph: Main hospital switchboard - 0141 810 3151
Ph. General pricing and bookings enquiries – 0808 101 0337



GLASGOW COLORECTAL CENTRE

RICHARD MOLLOY & GRAHAM MACKAY,

WWW.COLORECTALCENTRE.CO.UK

About the THD - HALO procedure for haemorrhoids

The THD procedure is a cutting-edge operation which has revolutionised the surgical treatment of haemorrhoids (also known as piles). The procedure uses a mini Doppler ultrasound probe to identify and treat the blood vessels which supply the haemorrhoids, thereby causing them to shrink. Because no cutting or excision of tissue occurs, the THD procedure causes less pain and tissue damage, which enables a faster recovery compared to conventional surgical treatment of haemorrhoids

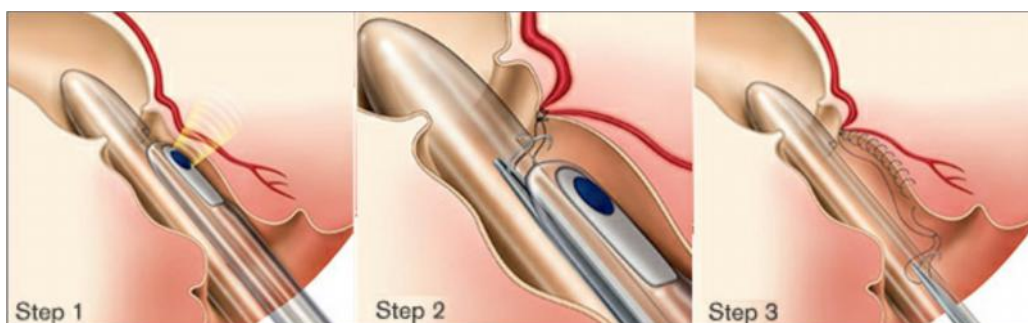
What does the term THD mean?

The term THD means ***Transanal Haemorrhoidal artery Devascularisation***. This means that the operation is performed through the anus or back passage (transanal), and is designed to reduce the blood supply to the haemorrhoids (devascularisation) by using an ultrasound to guide the surgeon to place a suture or stitch across the haemorrhoidal arteries. The haemorrhoidal arteries are the blood vessels that supply the haemorrhoids.

How does the operation work?

The operation involves a general anaesthetic and takes about 40 minutes to perform. A small disposable plastic proctoscope (which has an embedded micro-Doppler ultrasound device) is placed in the anus (back passage). This embedded ultrasound device is then used to locate the precise position of the blood vessels that supply the haemorrhoids (haemorrhoidal arteries). These blood vessels lie within the rectal wall above the actual haemorrhoids. This allows the surgeon to place a very precise stitch into the haemorrhoidal arteries in order to tie them off. This causes the haemorrhoids/piles to shrink. If a patient undergoing the procedure also has problems with protrusion or prolapse of haemorrhoids, the surgeon can also place additional stitches to lift or pull the loose haemorrhoidal tissue up into the back passage. The additional lift of the haemorrhoids is sometimes called a haemorrhoidopexy.

The operation is almost always performed under general anaesthetic, although most patients who undergo a THD procedure are able to go home the same day. On occasion (e.g. if the procedure is performed in the evening) they may have an overnight stay.



Step 1: THD proctoscope with embedded Doppler ultrasound probe is inserted into anus and identifies the precise location of the haemorrhoidal arteries (there are usually several arteries)

Step 2: A stitch is passed through a small opening in the proctoscope to catch the haemorrhoidal artery. The opening in the proctoscope is precisely aligned with the Doppler signal so that it goes around the artery, allowing the surgeon to tie off the vessel, causing the haemorrhoid/pile to shrink.

Step 3: The loose haemorrhoidal tissue is gathered up in a continuous stitch. When the 2 ends of the stitch are tied together, the haemorrhoidal tissue is 'lifted' or cinched back into the upper anal canal, which prevents it from coming down when passing a bowel motion.

What is a HALO procedure and how does it differ from a THD procedure?

The term HALO means ***Haemorrhoidal Artery Ligation Operation***. You will see if you compare this with the meaning of the THD procedure that it really means the same thing and essentially is the same operation. The reason for two different names for the same operation is because two different companies make their own version of the disposable proctoscope with an embedded Doppler ultrasound that the surgeon uses to perform the procedure. In any effort to try and separate the two similar devices, each company has coined a different name for what is really the same operation.

Of course, each company claim that their proctoscope enables a better ligation/devascularisation of the haemorrhoidal arteries. In particular, THD lab makes a big play that their device is also specifically designed to facilitate an effective "lift" of prolapsed/protruding haemorrhoidal tissue. However, rather than the device or name of the operation being important, it is much more important that the surgeon performing the procedure has had appropriate training and is experienced in using their instrument of choice.

What are the advantages of the THD or HALO procedure?

No tissue is cut away and so no "raw" or open wounds remain. The procedure is performed in an area of the rectum above the anal canal where there are very few nerve endings and little sensation. As a result, there is a considerable reduction in pain compared to traditional surgical methods such as a standard or classic haemorrhoidectomy.

Because there is relatively little discomfort, patients usually have a much faster recovery and are often able to return to work within a few days, which is much quicker than after conventional haemorrhoid surgery.

The THD procedure may be called minimally invasive surgery (MIS), since the surgeon does not cut or remove any tissue. It also appears to cause fewer complications such as anal narrowing or stenosis, persistent open anal wounds or pain, all of which are complications of conventional haemorrhoid surgery.

What are the complications of the THD - HALO procedure?

Most patients get on well with this operation. It is not uncommon for patients to experience a mild ache in their back passage after surgery or low down in their tummy. However, in our own experience, most patients will be very comfortable within 48 hours after the operation. A small proportion of patients may have some persisting discomfort/pain but it is unusual for patients to complain of significant discomfort beyond a week after the procedure.

Not infrequently, there may be a sense of urgency to move one's bowels after the operation. For most patients, this settles within a week or so. Some patients will pass some blood after the procedure, but this is rarely severe and generally settles without the need to do anything further. A small proportion of patients may have difficulty in passing urine. This most commonly occurs in men who were already having problems with their prostate.

Because the procedure does not remove any tissue, recurrence of symptoms or prolapse can occur. However, if you ask people who have had the procedure how they feel about the operation, between 80-90% feel that their symptoms are cured or much improved and only around 10% report a recurrence of symptoms after operation.

Can I undergo a THD- HALO procedure at the Glasgow Colorectal Centre?

Yes. Glasgow Colorectal Centre surgeon, Richard Molloy performs this procedure and is happy to assess your suitability for the procedure. He has trained and evaluated both the HALO and THD procedures and now performs the THD procedure as his procedure of choice.

Will my Private Health insurance cover the cost of the THD procedure?

Yes, all of the main Private Health insurers will cover this treatment at the Glasgow Colorectal Centre. If you do not have Private Health insurance, it is also possible to have the procedure.

Where can I get more information?

www.thdlab.co.uk

www.thehaemorrhoidcentre.co.uk

Industry websites providing information on anorectal conditions and the THD procedure for haemorrhoids