SICCR web-educational colorectal meeting “Hemorrhoids and fissures”: Congress report

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On November 30 and December 1, 2020, the web-educational colorectal meeting “Hemorrhoids and fissures” was held, promoted by the Italian Society of Colorectal Surgery (SICCR).

Prof. Filippo La Torre and Prof. Giovanni Milito were co-chairs of the meeting which was held on the Zoom platform, to be accessible to any professional interested in the event.

On the first day, the webinar was divided into two sessions on hemorrhoidal disease, with Prof. John Nicholls, L. Basso, I. Giani, A. Infantino, G. A. Binda, C. Elbetti and G. A. Santoro as moderators and critical reviewers.

After the introduction made by the president of the SICCR Prof. Roberto Perinotti, the first presentation entitled “a web-app in proctology 2.0” was given by Dr. D. Passannanti (Rome), who illustrated an application for smartphone dedicated to proctology. The idea arises from the need to adapt to technological progress with the development of a web-app available for PC, Tablet and smartphone designed to improve patient care and, at the same time, facilitate the work of health professionals while maintaining low costs.

The second presentation “Postoperative checklist in proctological surgery: always useful, indispensable today” was given by Dr. D. Telesco (Rome), who underlined, through an analysis of the literature, the need to standardize a tool to monitor the patient in the immediate postoperative period and illustrated a check-list used by his working group. The patient is asked to fill it out in the first 6 days after surgery and send it to the surgeon on postoperative days 3 and 6. This checklist is intuitive, understandable and easy to fill out, and greatly appreciated by the patient. The patient

reports on diet, hydration, therapy, observation of peculiar signs and symptoms, and the surgeon monitors these data and make any corrections in a timely manner, ultimately transmitting to the patient a feeling of security and excellent health care received.

Dr. G.B. Martinisi (Teramo) presented: “Rescheduling proctologic surgery after lockdown: development of a scoring system”, to underline how the SARS-COV2 pandemic had a critical impact on surgical strategies all over the world. An observational study was conducted at the Surgical Coloproctology Unit of the Val Vibrata Hospital, on a group of 137 patients awaiting proctological surgical treatment during lockdown. To monitor the patients’ health status and reschedule post-lockdown surgical activities, patients were interviewed by telephone with a questionnaire, to investigate the perceived health status and clinical information of each patient, compared with recorded clinical data. A severity index was then calculated, classifying the symptoms into mild, moderate, and severe according to a dedicated score (Procto-score). The collected data were stratified into three classes: urgent (A), deferrable (B), reprogrammable (C). There were 45 patients in class A, demonstrating how the development of new tools such as the Procto-score, also aided by telemedicine, can be a useful to establish a priority program for surgical patients.

Dr. D. Telesco illustrated “the future of the classification of hemorrhoidal disease”, discussing the strengths and limitations of Goligher’s classification and the request by expert colorectal surgeons for a new commonly accepted and shared tool. He discussed the works published in the international scientific community in the last 2 years, and the characteristics of numerous new classification proposals such as the SPHC, the Sodergren score, PSS, HSS, the Hemo-Fiss-QoL, the PATE 2006 classification, the BPRST and the A/CTC. The presentation confirmed the need for a new classification, in the hope that it could be a uniform, accepted, validated and replicable assessment tool, considering the asymmetry of hemorrhoidal disease, the degree of

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prolapse, bleeding, sphincter tone, pain and the impact on quality of life (QoL).

Dr. D. Passannanti described the “Proctological surgical instruments. The isostatic retractors” The first retractor shown is made up of a system with two rotating rings: the upper one rotates on the lower one with a radial movement, with shape similar to the Eisenhammer retractor. The second retractor is characterized by a central part and a blunt end, measuring a total of 10.7 cm with a maximum width of the valve of 3 cm. The angle formed by the handle and the central body measures 100° allowing the accessory a 360° excursion inside the anal canal. The advantages of this retractor are better visibility and involvement of the second operator and less mobilization of the instrument throughout the operation. The main indication for the use of the new anal retractor is pelvic floor surgery and in particular for the treatment of patients at risk of anal incontinence or sphincter damage.

Dr. M.R. Mastrangeli (Rome) presented the “Radiofrequency Hemorrhoidectomy with new Ligasure Exact: a Technical Guide of our Standardized Technique”, a technique proposed as a safe and fast technique, associated with a low complication rate, rapid wound healing and a rapid return to work, a reduction of postoperative pain and hospitalization. He analysed 8 randomized controlled trials (760 patients) that compared the procedure performed with the aid of the Ligasure Exact: the results obtained were promising in terms of operative time and postoperative pain score, with no significant differences in the healing rate, no negative effect on postoperative complications, on convalescence and on the frequency of incontinence.

During the second session, Dr. T. Stecca (Treviso) illustrated his “Embolization of the superior rectal artery for symptomatic hemorrhoidal disease. Results at 6 months follow-up of the first 43 patients treated at Treviso Hospital” where a new therapeutic approach was presented for the treatment of symptomatic hemorrhoidal disease, through embolization of the superior rectal artery. The study was designed to evaluate the technical and clinical success in the treatment of grade II and III hemorrhoidal disease. Since March 2019, 43 patients who could benefit from embolization treatment have been recruited. Clinical success was assessed at 7 days, 1 month and 6 months of follow-up by updating clinical scores: bleeding, prolapse, pain, QoL. The conclusions were that hemorrhoidal embolization has proven to be a safe and effective technique in the treatment of symptomatic hemorrhoidal disease, which can be offered to young patients who do not want to undergo an excisional surgery or in an emergency setting for patients on anticoagulant therapy, or not suitable for surgery.

Dr. D. Zigiotto (Verona) presented a lecture entitled “Active perirectal bleeding after stapled hemorrhoidopexy treated with angioembolization, how to manage

a rare complication of a common procedure”. The author reported the case of a 41-year-old woman who underwent staple hemorrhoidopexy for symptomatic third-degree hemorrhoidal disease refractory to previous medical therapy. The procedure was complicated by perirectal bleeding and hemorrhagic shock, successfully treated with timely super selective angioembolization. An algorithm based on patient hemodynamic parameters for the management of extrarectal bleeding has been proposed by this working group, including transanal packing for hematoma, superior rectal artery angioembolization for active bleeding on computed tomography scan and transanal hemostasis for those with a positive focussed assessment with sonography (FAST).

Dr. F. Maiello (Biella) illustrated his “Hemorrhoidectomy in two stages: an example of forced tailored surgery”. The clinical case illustrated is that of a 67-year-old man, with no particular comorbidities, suffering from IV grade hemorrhoids. The patient was scheduled for an excisional hemorrhoidectomy operation, but after spinal anesthesia, he had an abnormally large hemorrhoidal mucosal prolapse and a large external fibrous component involving all quadrants, so that it was difficult to choose which sectors to remove and which to preserve. The patient then underwent partial hemorrhoidectomy with radiofrequency ablation, preserving a posterior mucous bridge and after 6 months, a new surgery was performed.

The take home message of this presentation was that the concept of “tailored surgery” in proctology.

The “Emborrhoid technique for bleeding hemorrhoids in patients unfit for surgery” was the subject of the presentation by Dr. F. Marino (Castellana Grotte-BA). Emborrhoid is an interventional radiology technique that has been described as a painless and safe alternative treatment for bleeding hemorrhoids. The study considered patients with bleeding hemorrhoids grade II and III, those on oral anticoagulants, patients with hepatitis C virus infection and human immunodeficiency virus infection, and those with various disabilities who could not assume the lithotomy position during surgical procedures. This pool of 12 patients underwent selective percutaneous embolization of the terminal branches of the superior rectal artery with metal microcoils, with clear resolution of bleeding and complications. No anal pain or rectal ischemic complications were observed and after a mean follow-up period of 22.6 months only one patient complained of persistent bleeding during defecation. The “Emborrhoid” technique has been shown to be safe, painless and effective for bleeding grade II and III hemorrhoids in patients unsuitable for surgery.

The last presentation of the day entitled “Open hemorrhoidectomy under local or spinal anesthesia: a retrospective comparative study” was given by Dr. C. Tanda (Sassari), who evaluated the safety and efficacy of hemorrhoidectomy under local anesthesia compared to that conducted under

spinal anesthesia. In the study, 60 patients with grade III or IV hemorrhoids underwent open hemorrhoidectomy with Ligasure, 30 surgical procedures were performed in the operating room under spinal anesthesia and another 30 in the medical clinic under local anesthesia with ropivacaine. No differences were observed in long-term complications and number of reoperations between groups. The conclusion was that the results obtained by her surgical team suggest that hemorrhoidectomy with the use of Ligasure can be safely performed in selected patients under local anesthesia.

The second day of the meeting the moderators were Professor Filippo La Torre and Professor Roberto Perinotti. The day, like the previous one, was divided into two sessions. During the first session Professor Antonio Amato, Professor Paolo Giamundo and Professor Roberto Villani participated as Critical Reviewers providing the contribution of experienced surgeons to the reports and videos mostly presented by young surgeons.

The first report addressed the treatment of grade II and III hemorrhoidal disease with the transanal hemorrhoidal dearterialization Doppler-guided (THD-DG) and Hemor-Pex System® Plus (HPSP) systems with mucopexy. The presentation, given by Dr. L. D. Bonomo (Torino) briefly but effectively covered the historical and scientific basis in the application of these techniques and devices. Dr. L. D. Bonomo then explained the objectives of this retrospective study, which was to evaluate the number of recurrences, complications, and patient satisfaction with using these techniques in 122 patients at the Chivasso Hospital. The study showed a slightly higher recurrence rate (33.6%) than what is present in the literature, with high patient satisfaction. From the study, it appears there is no clear advantage to the use of Doppler-guidance.

The second presentation focused on the management of symptomatic hemorrhoidal disease at the Coloproctology Unit “Bari 2”. Dr. R. Laforgia (Bari) introduced the pathophysiology and classification of hemorrhoidal disease and then proceeded to discuss the treatments used depending on the degree of disease. In her Coloproctology Unit, the lower grades are treated with dietary-behavioral treatment followed by pharmacological treatment. As a subsequent step, she and her colleagues use outpatient techniques such as sclerotherapy, rubber band ligation or laser therapy. Regarding surgical techniques, they favor the use of ligation and mucopexy techniques both Doppler-guided and not. Secondly, they also propose Longo’s technique even if less and less frequently and exclusively in selected cases. In accordance with the guidelines, they also use resective techniques such as Milligan-Morgan, even if generally with a tailored approach, i.e., with excision of single piles in association with other techniques.

Dr. Laforgia then went on to discuss in detail sclerotherapy with polydocanol in grade II and III hemorrhoidal

disease, grade I not responsive to medical therapy, anemia, as a bridge to surgery or in case of refusal to undergo surgery. She then extensively explained the mechanism of action of polydocanol, the procedure to prepare the mixture and showed the video of the Blonde-Blanchard technique (modified according to Lobascio’s method) illustrating the main steps. In the “Bari 2” center’s experience, there was a recurrence rate of 17.3%, with a technique that turns out to be quick and painless, allowing an improvement in symptomatology and therefore in the quality of life.

The third report from the group from Bari, focused on the treatment of hemorrhoidal disease with dearterialization and mucopexy techniques without the use of Doppler-guidance. After a brief introduction on the rationale of the surgical technique and the advantages it provides, especially because it is minimally invasive. In their Coloproctology Unit, 96 patients were treated with a 5.76% recurrence rate and 10 patients with postoperative complications that in 1 case required re-hospitalization. In some of these patients, they were also able to treat the rectocele with direct suture. Dr. Laforgia then concluded by considering the technique as effective and rapid, and she emphasized that in her experience Doppler-guidance it is not necessary and only involves a longer operating time, in line with what Dr. Bonomo had previously concluded.

The next presentation was given by Dr. M. Chiaretti (Rome) who discussed a randomized controlled trial comparing the use of *Centella* and flavonoids in the treatment of symptomatic hemorrhoids and after surgical treatment. The results show a lower bleeding in patients treated with flavonoids. In the postoperative period, patients who received treatment with either of the two active ingredients had faster reduction of pain and faster healing compared to those who did not use them.

At the end of the presentations, the Critical Reviewers asked the speakers some questions to further investigate the topics presented. In particular, there was an interesting debate about the Doppler-guided treatment between those who argue that its use greatly improves the outcomes and those who believe that, given that the branches of the superior rectal artery are often in the same anatomical position, Doppler-guidance is not necessary. Subsequently, the reasons for the decreasing number of operations performed with Longo’s technique were discussed, and almost unanimously considered to be the infrequent but serious complications that this technique can cause. Several other topics were also addressed following questions from the audience.

At the end of the first session, Professor Filippo La Torre gave a lecture on the conservative treatment of hemorrhoidal disease. The lecture was very interesting as it touched on all the central themes regarding this pathology, starting from the epidemiology, and proceeding to the management of the patient with anorectal symptoms, correct and timely

classification and diagnosis and treatment. The topic is especially important at this time when, due to the global pandemic, the possibility of treating hemorrhoidal disease in an outpatient setting or in the operating room is difficult if not, in some contexts, impossible. Going into the details of conservative treatment, Professor La Torre stressed the importance of dietary-behavioral and lifestyle management in the first place and then, of pharmacological treatment based on the guidelines of the major medical societies. The mechanism of action of some active ingredients was addressed: hyaluronic acid, *Centella*, *Hamamelis virginiana*.

The Critical Reviewers of the second session were Professor: D.F. Altomare, Professor P. De Nardi and Professor F. Selvaggi and the session opened with the report by Dr. V. Tiesi (Catanzaro) regarding the use of mesoglycan after excisional hemorrhoidectomy. Dr. Tiesi focused on the results of the MeHAEMO study, after a brief introduction on the subject and the design of the study. The use of mesoglycan has been shown to be effective in limiting hemorrhoidal thrombosis and postoperative pain with early return to work and daily life activities and improved the quality of life.

Dr. C. De Padua (Rome) presented an interesting Case Report entitled. “From an anal fissure to a complex fistula disease”. Thanks to this clinical case it was possible to notice how even a “simple” pathology such as anal fissure can, in rare cases, become seriously complicated, causing the development of a complex fistula that, in this instance, required a terminal ostomy.

The third presentation, given by Dr. C. Mosca (Aosta), focused on the treatment of chronic anal fissure with fissurotomy and methylene blue dye injection. He showed a video of the procedure and explained the surgical steps and the role of methylene blue (and ropivacaine). The dye acts as a reducing agent that neutralizes reactive oxygen species formed during chronic inflammation. In addition, the use of ropivacaine associated with methylene blue appears to result in less postoperative pain.

Dr. A. Ciarrocchi (Teramo) presented a report on the surgical treatment of septic complications of chronic anal fissure. In particular, he focused on the different treatments for chronic anal fissures, in which all involve excision of the inflammatory tissue in association with drainage of the intersphincteric space.

Dr. Laforgia (BarI) had the opportunity to present an additional report regarding the treatment of anal fissures with closed lateral internal sphincterotomy in an outpatient setting. She introduced the scientific basis of the surgical technique and showed the operative steps. The procedure is short and involves little post-operative pain with an improvement in quality of life and few complications according to the evaluation made by the “Bari 2” group.

The meeting then proceeded to the discussion questions made by the virtual audience and the Critical Reviewers, exploring in more depth the use of mesoglycan, the relationship between anal fissures and fistulas, the choice of surgical treatment associated with the use of methylene blue in anal fissures, the difficulties in the execution of closed techniques and many other topics.

The meeting ended, exactly on schedule, underlining how this type of event is aimed at young surgeons by giving all of them, regardless of the extent of their surgical experience, a possibility to present and receive input and advice from more experienced surgeons with a positive and proactive spirit essential for mutual improvement.

The webinar has been structured to provide all the updates on an extremely rich and complex topic.

All the presentations were given in a highly professional manner and were based on a detailed analysis of the literature, and the experts delighted the audience with a stimulating debate. This webinar meeting was an extremely interesting experience soon to be repeated.

Compliance with ethical standards

Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent For this type of study formal consent is not required.

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