



Radiofrequency Ablation of Hemorrhoids Results after 18 months, 58 patients

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Introduction

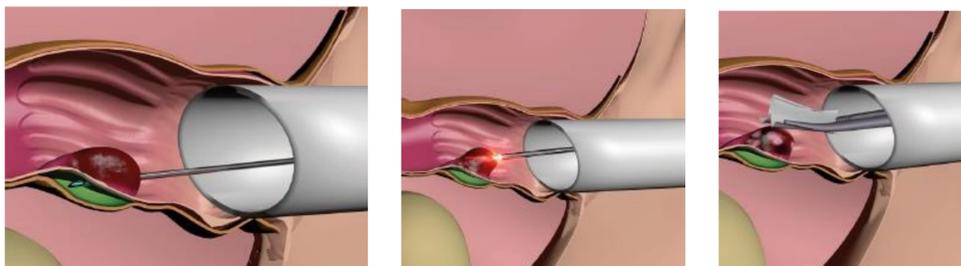
In Germany for third degree hemorrhoids usually operative therapy (Milligan Morgan or stapled hemorrhoidopexy) is performed. Especially the second procedure needs general anesthesia. Restrictions in daily life, such as postoperative pain or temporary disability, can be attending ill.

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 2/2017 we treated 58 patients (48 m, 10f) 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 and twelve months. (mean : 8 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 proctologic symptom score showed below which included following criteria's: 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.

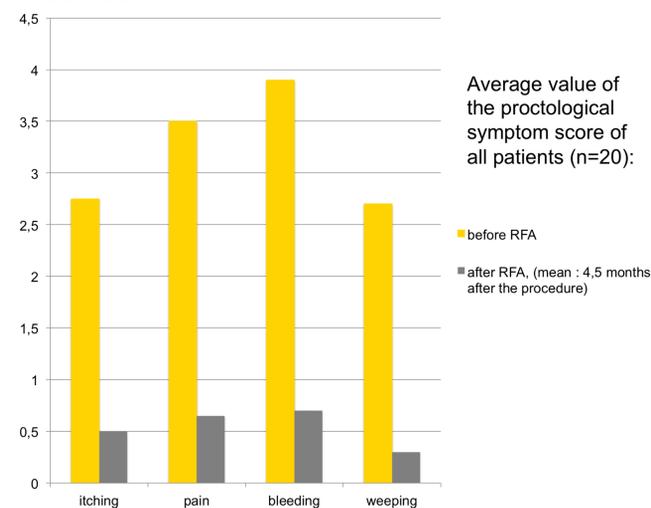
Conclusion

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 and middle term follow up. Moreover, outpatient management and low postoperative restrictions may make it superior to the conventional treatment.

Recently we started a multicenter 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
- The maximum post interventional pain was level 3.
- After the procedure painkillers were taken by 18 patients (31%), maximum 7 days. The maximum dose was not more than three ibuprofen pills 400 mg per day.
- Seven patients (12%) mentioned restrictions in daily life, and one patient was not able to go back to work after 1 day.
- One female patient had severe pain so that a pelvic CT scan was taken whereby no further treatments were advised.
- 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.
- Complications summary : bleedings (2) Thrombose (2) Anal fissure (1) Fever (2) Strong pain (1)
- Considerable improvement of all symptoms in 57 out of 58 cases.



Before RFA



Immediately after RFA