

A Complication-free Treatment for All Grades of Haemorrhoids

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Introduction

Procedures commonly used to treat haemorrhoid disease (piles) are all associated with varying degrees of post-treatment pain and complications¹. We introduced a new treatment to the UK in 2013: DC electrotherapy is an outpatient treatment, FDA-approved for all 4 grades of piles, which requires no patient preparation beforehand, no anaesthesia and has no downtime.

Presented here is the data for the first 100 patients receiving eXroid treatment for their symptomatic piles in the UK, in a CQC-approved clinic.

Methods

Participants

- The first 100 patients treated in the UK were the subjects of this study
- Patients were referred via their GP or self-presented with a history of symptomatic piles for consideration of electrotherapy (eXroid) treatment

Treatment

- History taken followed by proctoscopic examination to determine the diagnosis, number and grade of piles present and to rule out any other local pathology that might require further investigation and/or treatment
- All treatments were carried out by MJHP
- Mean treatment time = 8.5 mins per pile (range 4.75-12.75 mins)
- Mean number of piles treated per session = 2.8 (range 1-3)
- Mean current applied = 12 mAmps (range 6-16 mAmps)
- Repeat treatments typically carried out at 4-week intervals

Positive Outcome Measure

- Symptomatic control of haemorrhoid disease as reported by patient

Data Collection

- Patient history and examination findings before/after treatment
- Questionnaire sent to all patients immediately following treatments
- Clinic/phone consultation at 1-6 months following treatment

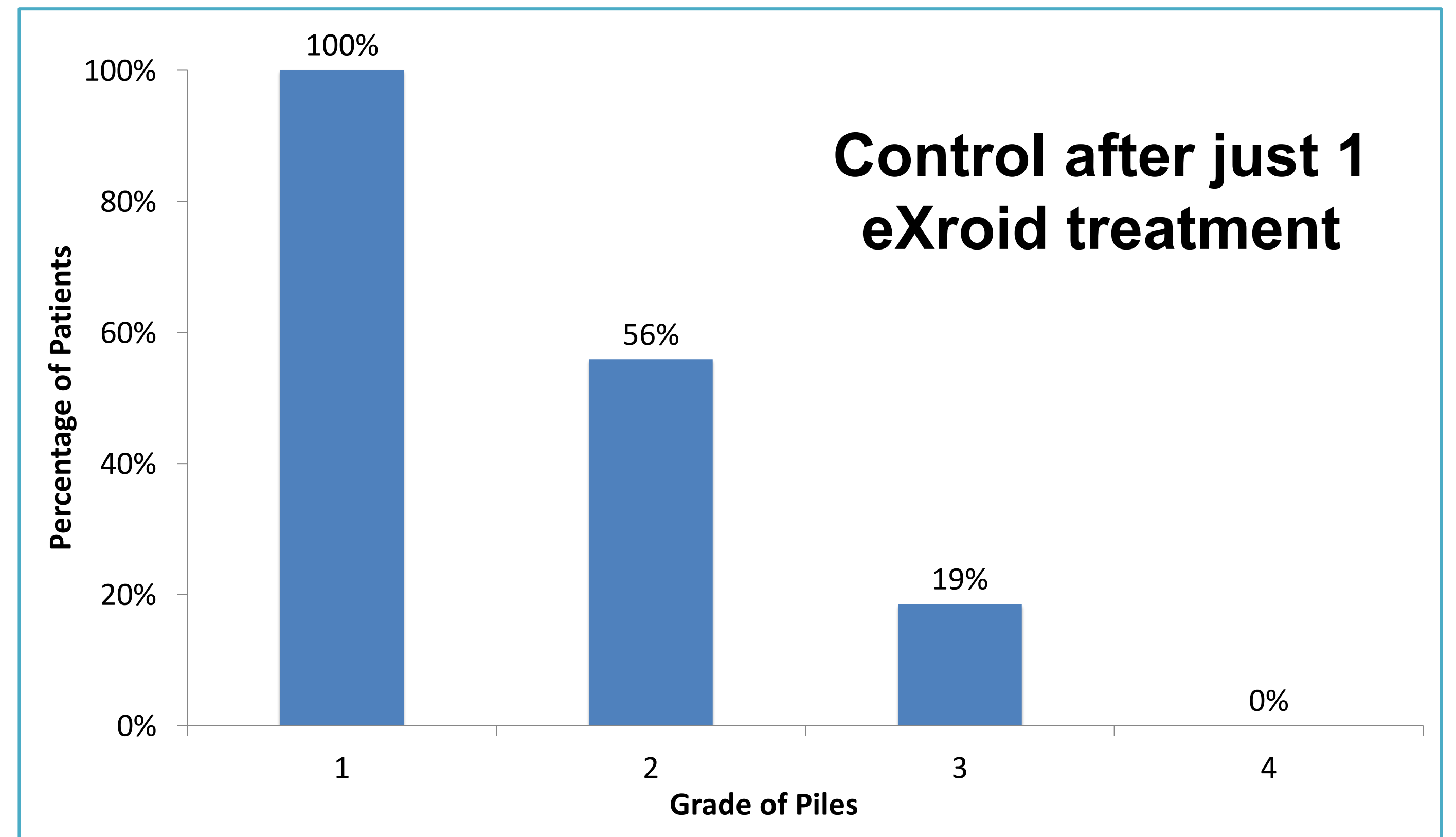


Figure 1: Percentage of patients achieving control after 1 treatment with eXroid

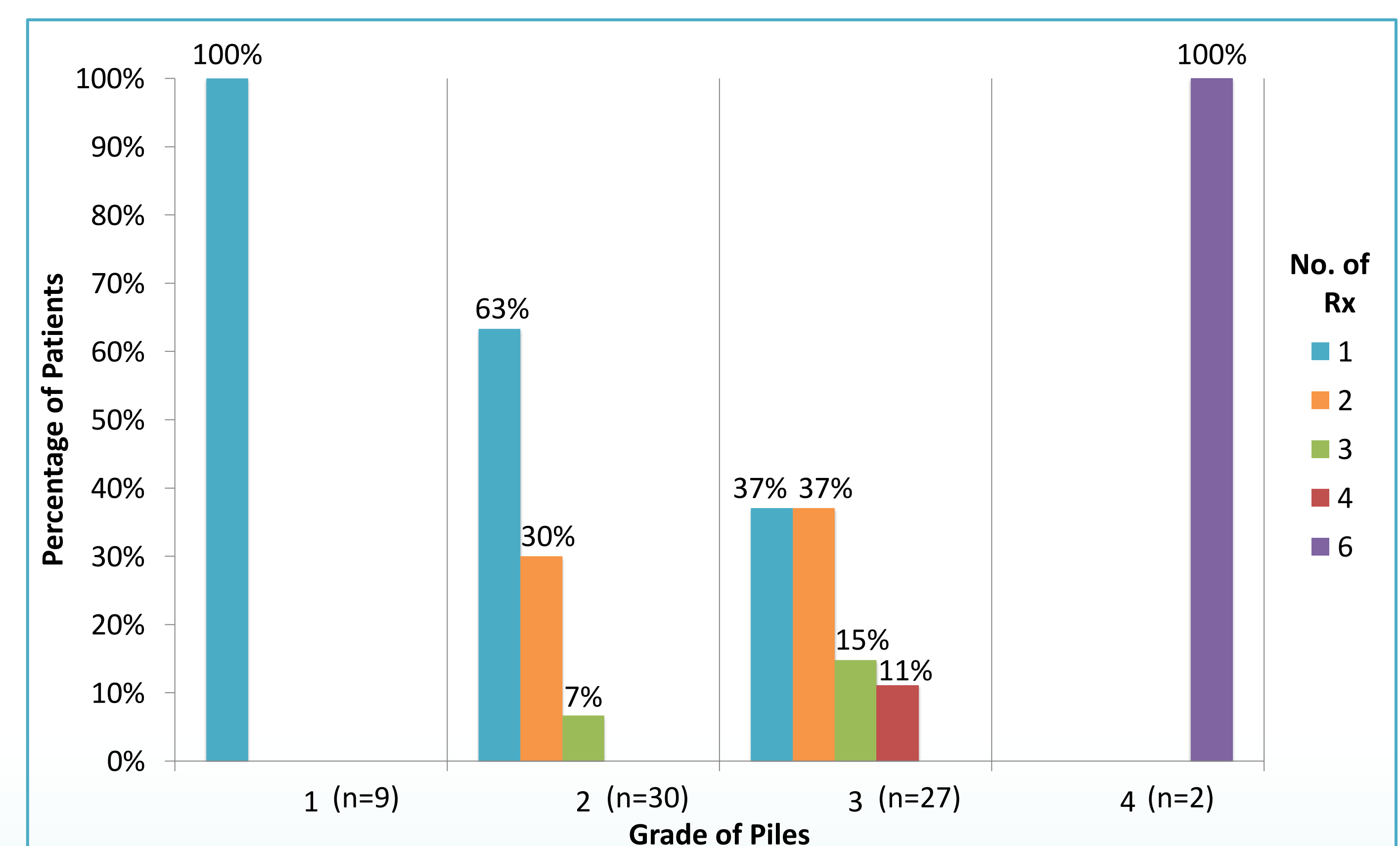


Figure 2: Number of treatments required to achieve complete control in each grade of piles

Results

- 68 patients completed treatment; 32 are still undergoing treatment
- 62 males, 38 females; mean age 59 yrs; age range 22 – 92 yrs
- Mean duration of symptoms 20 yrs; range 1 – 60 yrs

Key results and observations:

- There were no complications (major or minor) observed/reported
- Symptomatic control of piles after 1 treatment was achieved in 100% of grade 1 piles, 56% of grade 2 piles and 19% of grade 3 piles (Fig. 1)
- Higher grades of piles required a greater number of treatments (Fig. 2)
- All patients showed some reduction in haemorrhoid size during treatment; some patients felt immediate symptomatic relief, and in others improvement occurred over the following 2-4 weeks
- The eXroid procedure is only associated with mild discomfort

Patients having undergone previous active intervention:

- 44 patients had undergone previous “failed” interventions, as follows:

Total	Banding	Sclero-therapy	Haemorrhoid-ectomy	THD/HALO	Stapling	Other
103	44	36	17	3	1	2

- Of these patients, 31 have had complete resolution following eXroid treatment and the remainder are still undergoing treatment
- Results for the 31 patients who have completed treatment:

Mean grade of pile (± sd)	Median no. of previous treatments (range)	Median no. of Ultroid sessions required (range)
2.61 ± 0.75	2 (1 – 8)	2 (1 – 6)

- 12 patients were symptom free after just 1 eXroid treatment (mean grade 2.08 ± 0.79; patients had undergone 1 – 5 previous interventions)

Summary

eXroid is a safe and effective, non-invasive treatment for haemorrhoid disease. It achieves complete control of all four grades of piles without any complications and is only associated with mild discomfort. Patients are also able to return to normal activities immediately after treatment. These UK results are consistent with studies performed in the USA².

The first 100 patients (68 having completed their treatment) have had excellent outcomes. Patients with grade 1-2 piles generally resolve in 1-2 treatments. Grades 3-4 piles usually need more treatments to completely resolve. To date, over 250 procedures have now been performed in the UK and over 120,000 procedures in the USA since the late 1980s, when initial work was published^{2,3}.

eXroid can be used successfully in patients who have failed other treatments. Furthermore, while the eXroid procedure takes longer than banding, the extra time per treatment can be justified by the reduced risk of complications and the ability to treat up to 3 piles per session.

The final results of the UK patients presented here who are still undergoing treatment are awaited and will be reported in due course.

References

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