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EXROID® ELECTROTHERAPY: A LOW RISK TREATMENT FOR INTERNAL HAEMORRHOIDS FOR THOSE TAKING ANTICOAGULANTS

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eXroid® Haemorrhoid Treatment

PURPOSE / OBJECTIVES

Low dose direct current electrotherapy (DCE) is a NICE-approved, outpatient-based treatment option for haemorrhoids which can be used in patients taking anticoagulants, because of the risk of post procedural bleeding associated with other treatment modalities.

This study aimed to prospectively analyse patients presenting to 10 clinics around the United Kingdom with particular emphasis on post-procedural complications.

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MATERIAL & METHODS

Consecutive patients taking anticoagulants and undergoing low dose DCE treatment were included in this prospective observational study. Patient demographics, haemorrhoid grade, number of treatments and complications were captured via a patient management system and questionnaires.

RESULTS

52 consecutive patients (44 men, 8 women; median age 73 years, range 49-92) were treated from March 2019 to November 2020, with confirmed internal haemorrhoids: grade 1 (4=7.7%); grade 2 (17=32.7%); grade 3 (23=44.2%); grade 4 (8=15.4%). Mean treatments per patient: 1.5 (Figure 1).

The medications taken by the 52 patients, included: 10 on warfarin with target INR of 3 or less, 11 on Aspirin (A), 8 on Rivaroxaban, 8 on Apixaban (Ap), 3 on Edoxaban, 6 on Clopidogrel (C), 1 on Prasugrel, 3 were on two drugs: A+Ap (2), A+C (1), 2 not stated. The commonest presenting symptoms were bleeding (58%) and prolapsing (58%).

One patient experienced post-treatment bleeding after his second treatment, requiring admission to hospital for a transfusion. He was a complex patient with Ulcerative Colitis, severe bleeding haemorrhoids on Apixaban. He bled 2 days after his second treatment, which stopped spontaneously and then healed without further bleeding. There were no other post-treatment complications other than this one serious adverse event (SAE) from a total of 79 treatment sessions between them.

Haemorrhoids can cause significant morbidity, with those on anticoagulants or anti-platelet agents presenting a particular challenge.

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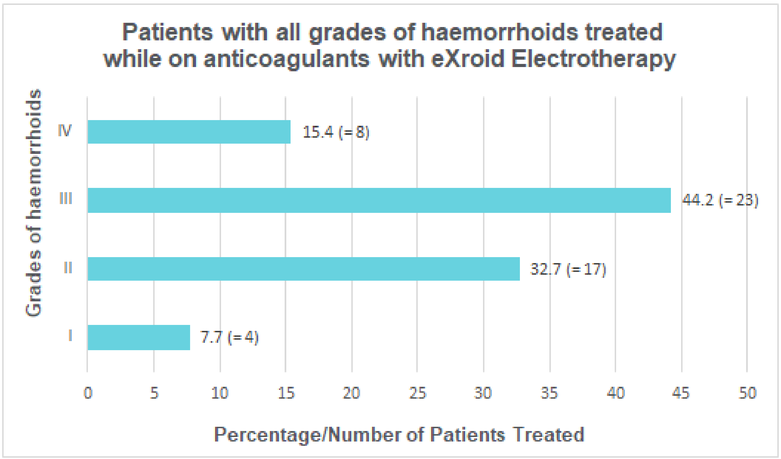
eXroid® Direct Current Electrotherapy (DCE)
is a treatment option to consider in this group, as it can be used in all 4 grades of internal haemorrhoids without the need to discontinue these treatments.

There is minimal risk of SAEs in this otherwise higher risk group of patients.

RESULTS

Figure 1



Total Patients	52
Mean number of Treatments / Patient	1.5

SUMMARY / CONCLUSION

eXroid DCE treatment is a safe option for patients seeking treatment for haemorrhoids, irrespective of grade, including those on anticoagulants /anti-platelet agents. In this study of patients continuing these medications, there was only one SAE in this otherwise higher risk group, compared with the treatment options of rubber band ligation and haemorrhoidal artery ligation, which have published SAEs of 1% and 7% respectively, in the HubBLe trial[1].

Ref.1: Haemorrhoidal artery ligation versus rubber band ligation for the management of symptomatic second-degree and third-degree haemorrhoids (HubBLe): a multicentre open-label randomised controlled trial. Steven R Brown, et al. Lancet 2016 July 23; 388(10042): 356-364.