

Advantages of Minimally Invasive Surgery

Stapled haemorrhoidectomy has the same effect as conventional open surgery, while the former has many advantages including no open wound, less wound pain, less wound infection and no need for special post-operative care. Depending on their conditions, patients can usually be discharged on the next day and return to their normal activities a few days afterwards.

Hong Kong Sanatorium & Hospital is committed to providing the most up-to-date and the best service to our patients. Experienced specialists in our Centre can offer the most patient-friendly approach to treat haemorrhoids safely using minimally invasive technique.

HKSH Surgery Centre

Happy Valley

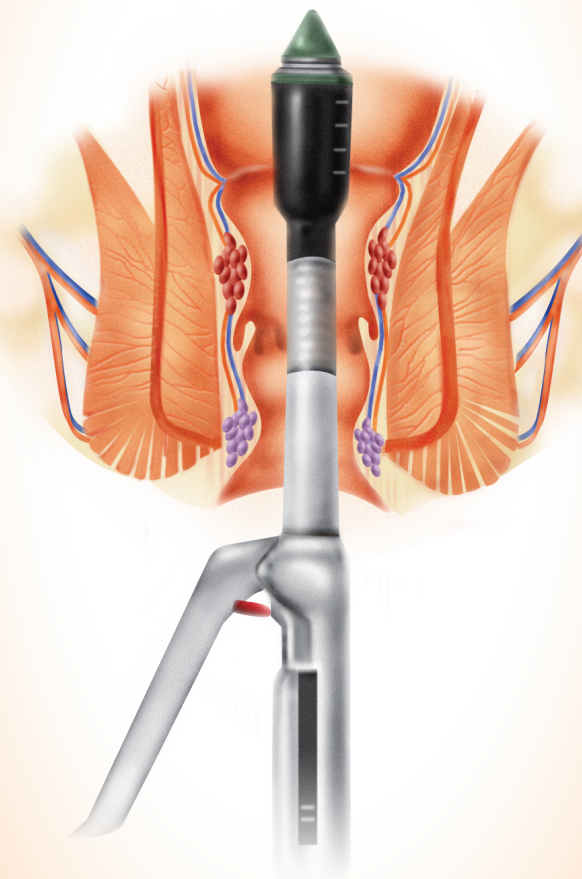
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Service Hours

Monday to Friday: 9:00 am – 5:00 pm
Saturday: 9:00 am – 1:00 pm
Closed on Sundays and Public Holidays
by Appointment



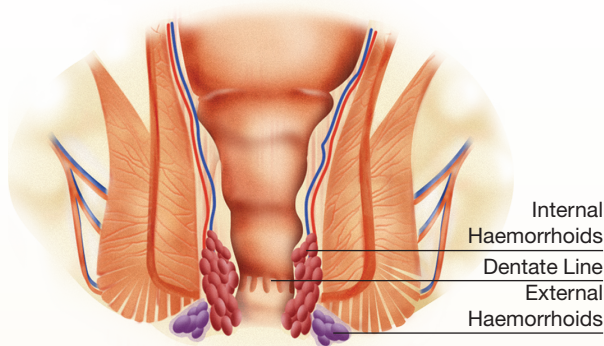
Haemorrhoids



For enquiries and appointments,
please contact us

Haemorrhoids, often called piles, comprise of clusters of small blood vessels and soft tissue in the anal canal. They are associated with chronic constipation and chronic straining. These factors either impede blood circulation around the anal area or weaken the surrounding tissues, resulting in blood vessel engorgement and swelling and protrusion of a lump of soft tissue at the anus.

Haemorrhoids are classified into internal, external and mixed according to their positions. Internal haemorrhoids are above the dentate line where there are no pain receptors. Thus, internal haemorrhoids are painless. External haemorrhoids are below the dentate line. They can be felt externally and during exacerbation, and they can be very painful. Mixed haemorrhoids are formed both above and below the dentate line.



Problems Associated with Haemorrhoids

The major symptom is anal bleeding during or after defecation. Other symptoms include blood in stool, protrusion of soft tissue during defecation, itchiness or pain in the anal area, anal pain if there is strangulation of haemorrhoid and sensitive lumps in the anal area.

- 1st degree: The haemorrhoid bleeds but does not protrude from the anus.
- 2nd degree: The haemorrhoid protrudes from the anus but returns to the anal canal spontaneously after defecation.
- 3rd degree: The haemorrhoid protrudes from the anus after defecation but can be pushed back with a finger.
- 4th degree: The haemorrhoid always protrudes from the anus and cannot be pushed back into the anal canal.

Ways to Treat Haemorrhoids

Haemorrhoids are treated according to their severity. First and second degree haemorrhoids are usually treated with chemical injections or rubber band ligation. The former controls the haemorrhoid while the latter stops the flow of blood to the area so that the haemorrhoid withers away. For third and fourth degree haemorrhoids, surgical removal would be necessary.

In conventional open surgery, the haemorrhoid is removed at the three o'clock, seven o'clock and eleven o'clock positions of the anus. As it leaves an open wound on the patient, the procedure is often associated with severe post-operative pain and slow recovery of several weeks' time. Nowadays, haemorrhoids can be treated using the minimally invasive technique.

Treating Haemorrhoids by Minimally Invasive Surgery

Stapled haemorrhoidectomy can be performed to treat internal haemorrhoids and small external haemorrhoids. For internal haemorrhoids, the surgeon inserts a specially designed "stapler" into the anus and performs circumferential excision. Blood supply to the mucosa proximal to the haemorrhoid is interrupted simultaneously. For external haemorrhoids, the surgeon pushes it back inside the anus and fixes it before performing circumferential excision and blood supply interruption with the "stapler". As excision is performed above the dentate line, the procedure produces significantly reduced post-operative pain.