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Summary

LONG-TERM EFFICACY OF TRANSANAL DOPPLER-GUIDED HEMORRHOIDAL ARTERY LIGATION WITH MUCOPEXY (HAL-RAR) IN HEMORRHOIDAL DISEASE

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Colorectal

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A 5-year ambispective study of 114 patients reports a 7.9% recurrence rate after HAL-RAR for internal hemorrhoids, with no anal stenosis or incontinence observed and 94% patient satisfaction.

KEY POINTS

- At median follow-up of 4 years, 9 of 114 patients (7.9%) experienced recurrence, consisting of muco-hemorrhoidal prolapse in 6 cases and post-defecation rectal bleeding in 3 cases
- The study included patients with grade II and III internal hemorrhoids resistant to medical treatment and small localized non-circumferential grade IV hemorrhoids; patients with external hemorrhoids, bulky grade IV hemorrhoids, or pelvic floor disorders were excluded
- No statistically significant relationship was found between recurrence and either preoperative symptoms (p=0.21) or hemorrhoid grade (p=0.17)
- None of the 114 patients developed anal stenosis or incontinence during follow-up, and 94% reported satisfaction with the procedure
- The authors conclude that HAL-RAR can be considered an effective long-term treatment for internal hemorrhoidal disease; this material would be most relevant for colorectal surgeons evaluating minimally invasive hemorrhoid treatment options

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