

# Is rubber band ligation an effective method to treat symptomatic hemorrhoids?

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Haemorrhoids are considered one of the most frequent diseases of the anal region with high prevalence (nearly 50% of proctological visits in a colorectal unit), involving any age and affecting both sexes. Numerous modalities and techniques have been developed to treat symptomatic hemorrhoids ranging from simple dietary measures and bowel habit regulation, through a number of non-operative procedures, to different techniques of excision of diseased anal

Cushions. The vast amount of treatment options means none are close to perfection. Nonsurgical methods aim at tissue fixation (sclerotherapy, cryotherapy, photocoagulation, laser), or fixation with tissue excision [rubber band ligation (RBL)]. RBL is considered the most widely used procedure, and it offers the possibility to resolve hemorrhoidal disease without the need for hospitalization or anaesthesia, and with lower incidence of complications.

A research team led by Dr. Ayman M El Nakeeb from Egypt study the results for the treatment of symptomatic hemorrhoids using RBL method. Their findings will be published on November 14, 2008 in the *World Journal of Gastroenterology*.

In their study, they retrospectively studied 750 patients who came to the colorectal unit from June, 1998 to September, 2006. RBL was performed using the Mc Gown applicator on an outpatient basis. The patients were asked to return to out-patient clinic for follow up at 2 week, 1 moth, 6 moth and through telephone call every 6 moth for 2

years.

Successful results were achieved in 696 patients (92.8%), 650 patients (86.66%) were cured after the end of treatment, whereas, 46 patients (6.13%) improvement was reported. Fifty four patients (7.2%) failed to get any benefit from RBL. There was no significant difference in the outcome of rubber band ligation between second and third degree haemorrhoids.

Two years after the end of treatment, 643 patients 85.73% came for follow up .Symptomatic recurrence was detected in 71 out of 643 patients (11.04 %), with repeated treatment by RBL in 23 cases and additional surgical treatment was required in another 48 patients due to severe symptoms in 30 patients, associated anal fissure in 6 patients, and patient desire in 12 patients.

Seventy seven complications from RBL were encountered in 52 patients (6.93%) as shown in. Pain was occurred in 31 patients (4.13), 22 cases (3.78%) had second degree haemorrhoids and 9 cases (5.35%) had third degree haemorrhoids with no statistical significance.

Their results indicated that RBL is an effective method for treating symptomatic hemorrhoids as an out patient procedure with significant improvement in quality of life.

Source: World Journal of Gastroenterology

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