

What is PPH?

Procedure for Advanced Haemorrhoids Involves Less Pain and a Quicker Recovery

Half of all those living in the UK will suffer from haemorrhoids during their lifetimes. Additionally, the average person with symptomatic haemorrhoids suffers in silence for a long period before seeking medical care. Embarrassment, fear of extreme pain, fear of a long recovery associated with traditional haemorrhoidectomy, and fear of cancer may all play a role in delay in seeking treatment.ⁱ

An innovative surgical procedure for advanced haemorrhoids called the Procedure for Prolapse and Haemorrhoids (PPH) allows patients an alternative to traditional haemorrhoidectomy. PPH reduces the prolapse (enlargement) of haemorrhoidal tissue, and according to clinical studies, offers patients significantly less pain and faster recovery time than patients who undergo conventional haemorrhoidectomy procedures.^{ii, iii, iv}

Results from PPH Clinical Studies

Several clinical studies have shown positive results for this procedure. Compared to patients receiving a conventional haemorrhoidectomy, patients undergoing the PPH procedure:

- Experience less post-operative pain
- Spend less time in the hospital
- Suffer less post-operative itching
- Experience less post-operative incontinence and constipation
- Return to normal activities, including work, in a significantly shorter amount of time (mean 17.1 days vs. 22.9 days)^{ii, iii, iv}

How PPH Works

Using a stapling device, the PPH procedure essentially “lifts up” and repositions the mucosa, or anal canal tissue, and reduces blood flow to the internal haemorrhoids. These internal haemorrhoids then typically shrink within four to six weeks after the procedure. The PPH procedure results in less pain than conventional procedures because it is performed above the “pain” line, or dentate line, inside the anal canal.ⁱⁱ The advantage is that this method affects few nerve endings, while traditional procedures are performed below the dentate line, affecting many sensitive nerve endings.

PPH Indications

The Procedure for prolapse and haemorrhoids (PPH) is not the only treatment for haemorrhoids. PPH should be considered when non-operative methods of haemorrhoid treatment do not provide satisfactory, long-term relief of haemorrhoidal disease, and your doctor recommends haemorrhoid surgery treatment.

Your doctor should talk to you about whether PPH is suitable for your symptoms, and what other treatment options are available.

PPH is indicated for patients with:

- Second degree haemorrhoids after failure of other therapies
- Third and fourth degree haemorrhoids

What is PPH?

PPH Surgeon Training

Since the PPH procedure was introduced in the UK, it has gained a popular uptake by interested and dedicated surgeons. More than 3,000 procedures were performed in 2007. Surgeons who perform the procedure are offered and receive extensive training to use the product provided from Ethicon Endo-Surgery

As with any surgical procedure, there are risks and complications that accompany PPH. Patients should consult with their physicians to see if the procedure is right for them.

Disclaimer:

Please note we are not in a position to diagnose or prescribe for specific medical conditions on our Helpline. Should you have any queries relating to your particular condition we recommend that you consult your GP.

ⁱ NHS Direct – Haemorrhoids – Accessed on 20/06/08 -

<http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=184§ionId=1>

ⁱⁱ Racalbuto, A. et al. Hemorrhoidal stapled prolapsectomy vs. Milligan-Morgan hemorrhoidectomy: a long-term randomized trial. *International Journal of Colorectal Disease*, 2004; 19: 239-244

ⁱⁱⁱ Rowsell, M., Bello, M., Hemmingway, D.M. Circumferential mucosectomy (stapled haemorrhoidectomy) vs. conventional haemorrhoidectomy: randomised controlled trial. *The Lancet*, 4 March 2004; 355: 779-781

^{iv} Boccasanta, P. et al. RCT between stapled circumferential mucosectomy and conventional circular hemorrhoidectomy on advanced hemorrhoids with external mucosal prolapse. *American Journal of Surgery*, 2001; 182(1): 64-68