

Meeting abstract

Open Access

Milligan Morgan haemorrhoidectomy with Ligasure™ in geriatric patients

I Selvaggio, F Cadeddu, MG Muzi, F Andreoli, D Amabile and G Milito*

Address: From The Department Of Surgery, University Hospital Tor Vergata, Rome, Italy

* Corresponding author

from XXI Annual Meeting of The Italian Society of Geriatric Surgery
Terni, Italy. 4–6 December 2008

Published: 1 April 2009

BMC Geriatrics 2009, 9(Suppl 1):A99 doi:10.1186/1471-2318-9-S1-A99

This abstract is available from: <http://www.biomedcentral.com/1471-2318/9/S1/A99>

© 2009 Selvaggio et al; licensee BioMed Central Ltd.

Background

Haemorrhoidectomy is frequently associated with significant postoperative pain and prolonged hospital stay; different techniques and devices have been developed to overcome these problems, including modifications of the technique (excision without ligation) and introduction of new surgical instruments (Ligasure™, Harmonic Scalpel™). We evaluated the surgical outcomes of Milligan Morgan haemorrhoidectomy with LigaSure™ in a Day-Care setting in two groups of patients: subjects <60 years (group A) and patients older than 60 years (group B).

Materials and methods

Between January 2004 and February 2008, 413 consecutive patients (group A: 261 patients; group B: 152 patients) with grade 3 or 4 symptomatic haemorrhoids underwent a LigaSure™ haemorrhoidectomy according to Milligan Morgan technique.

The operative time, postoperative pain score, duration of hospital stay, postoperative complications, wound healing time, convalescence and recurrence were documented.

Results

Mean operating time was 26.32 minutes (range 10–50 minutes), the median postoperative pain VAS score was 2 (range 0–4) in group A and 1 (range 0–3) in group B. All patients of group A were – discharged within 7 hours while 5 patients of group B (3.2%) had one day surgery. The median convalescence period was 7 days (range 5–15) for group A and 9 days for group B (range 5–20) and

complete wound healing time was recorded after the median of 18 days in all patients.

Three cases of immediate postoperative bleeding (1 of group A and 2 of group B patients), which were surgically treated, were observed. During a median follow up of 39 months, 3 recurrences were detected (2 of group A and 1 of group B patients) and 2 patients (1 of group A and 1 of group B patients) developed late anal stenosis, successfully managed using anal dilators. None of the patients developed faecal continence impairment at the end of the observational period.

Conclusion

Ligasure™ haemorrhoidectomy can be considered a safe, simple, reproducible and fast procedure also for geriatric patients, with low rate of early and late postoperative complications, reduction of postoperative pain and hospitalisation, fast wound healing time and quick return to daily activities.