



**BHATIA GLOBAL HOSPITAL  
& ENDOSURGERY INSTITUTE**

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BHATIA GLOBAL HOSPITAL AND ENDOSURGERY INSTITUTE NEWSLETTER

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## EDITORIAL

### Self-Motivation!

**Need no stars to light the way,  
Hold no hands to cross those hurdles,  
Borrow no words to floor the world,  
Look for no shared glory to shine,  
Make no friend pay your price,  
When you find your feet,  
Others fall in step.**

A typical example of self motivation:

**Asafa Powell** set a new 100 metres world record after clocking a time of 9.77 seconds at the Olympic Stadium in Athens beating Tim Montgomery's previous record of 9.78 set in Paris in September 2002 to become the fastest man ever over the distance.

Powell, who missed out on gold at the 2004 Games, is now keen to lower his record further and win world and Olympic gold. "It's really good for the sport," Powell said. "Next time I'll see if I can go faster." But Montgomery, while praising his rival's achievement, vowed to try to regain his world record.

**"Powell is no longer a sprinter among other sprinters, he is the one who cannot afford to lose."** Tim Montgomery.

A transplant surgeon and his team of Doctors and Nurses were on board flying from Pittsburg to Texas to procure the kidney when the pilot announced that one of the engines had failed. The surgeon continued to work with all his patience,

persistence and passion. Next announcement was that the engine had caught fire and the aircraft was heading for emergency landing. The surgeon still carried on working without being perturbed. On landing, the doctors and nurses heaved a sigh of relief but the leader surgeon said, "What about the flight back to Pittsburg where the recipient team would be ready?"

**Dr. Thomas E. Starzl**, M.D., Ph.D., is known to most as the **"Father of Transplantation"** as well as a thinker who has and continues to be well ahead of his time.

Dr. Starzl performed the world's first human liver transplant in 1963 and the first successful liver transplant at the University of Colorado in 1967. Until Dr. Starzl's retirement from clinical practice in 1991, he oversaw the largest and busiest transplant program in the world. Since his coming to the University of Pittsburgh 20 years ago, more than 11,000 organ transplants have been performed. Dr. Starzl currently serves as director of the University of Pittsburgh's Thomas E. Starzl Transplantation Institute, a post that allows his full attention to research.

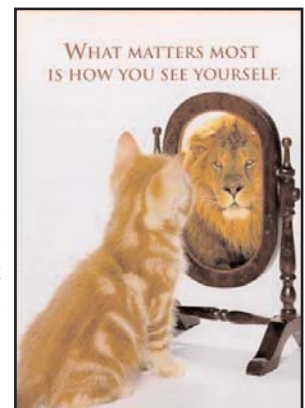
Among more than 175 awards and honors bestowed to Dr. Starzl are: David M. Hume Memorial Award from the National Kidney Foundation, the 2001 King Faisal International Prize for Medicine; and 21 honorary doctorates from universities in the United States and abroad.

A sought-after speaker, Dr. Starzl has given more than 1,200 presentations at major meetings

throughout the world. He belongs to the editorial boards of 22 professional publications and has authored or co-authored more than 2,130 scientific articles, four books and 292 chapters.

According to the Institute for Scientific Information (ISI), Dr. Starzl once averaged one paper every 7.3 days, making him one of the most prolific scientists in the world. In 1999, ISI identified Dr. Starzl as the most cited scientist in the field of clinical medicine, a measure of his work's lasting influence and utility. The book, 1,000 Years, 1,000 People: Ranking the Men and Women Who Shaped the Millennium, placed Dr. Starzl 213th on its list of those whose contributions have significantly influenced history's progress.

Dr. Starzl's autobiography, *The Puzzle People: Memoirs of a Transplant Surgeon*, was published by the University of Pittsburgh Press in 1992. In addition, the book has been published in Italian, Japanese, Korean and Spanish. All author's royalties are being donated to Transplant Recipients International Organization.



**R. S. Bhatia, Shubham Bhatia**

**Do not be afraid of making mistakes, but do be afraid of making the same mistakes -Tautze Tautze**

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- Our team of experts**

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(Coord.)/ Hospital/2002-  
03/3563

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## BOOKS



Laparoscopic Hernia Repair  
(a step by STEP approach)

**Forewords by**

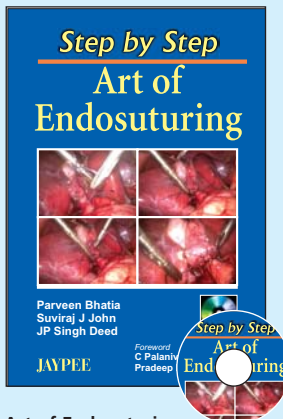
Dr. J. Barry Mckernan  
Dr. Adarsh Chaudhary

**Contents**

200 pages with 16 chapters,  
300 coloured photographs &  
diagrams

**Authors**

Dr. Parveen Bhatia  
Dr. Suviraj J John



Art of Endosuturing  
(a step by STEP approach)

with **Mini Interactive CD**

**Authors**

Dr. Parveen Bhatia  
Dr. Suviraj J John  
Dr. J. P. Singh Deed

**Forewords by**

Dr. C. Palanivelu  
Dr. Pradeep Chowbey

**Contents**

183 pages, 121 coloured photo-  
graphs, 70 illustrations

## ADVANCES IN HEMORRHOIDAL SURGERY

**Dr Parveen Bhatia**

Medical Director

Consultant Laparoscopic Surgeon

**Dr Tarun Jain**

Surgical Associate

**Dr Vipinder Sabharwal**

Surgical Associate



Hemorrhoids are a common condition. We are all born with hemorrhoids but only some of us suffer from them occasionally.

Hemorrhoids or piles, as they are commonly known are one of the most common and benign conditions of the colo-rectal region. They are said to be "The penalty for erect posture" and inflict individuals without regards for gender, class, sex or socio-economic status.

In fact it's estimated that in industrialized countries around 50% of the population aged over 50 suffer, or have suffered, from recurrent hemorrhoid problems. With the advancement of minimally invasive surgery, surgical management of hemorrhoids has grown by leaps and bounds.

**CLASSIFICATION**

- Grade I Bleed at the time of defecation.  
Grade II Prolapse at the time of defecation with spontaneous return.  
Grade III Prolapse out of anal canal at any time requiring digital replacement  
Grade IV Permanently prolapsed piles

**PATHO-PHYSIOLOGY**

The Haemorrhoidal plexus is a physiological structure of large vascular spaces and arteriovenous shunts (corpus cavernosum recti [CCR]), located above the dentate line, 3-5 cm from the anal verge. The CCR is described as an arterio-venous cavernous network without the interposition of a capillary system. The superior rectal artery (SRA) contributes exclusively to the blood supply of the CCR. It is a functional blood supply that fills this cavernous network, forming a gas-tight seal of the anal canal. It, therefore, plays an essential role in the pathogenesis of hemorrhoids.

Additionally, the bright red color and arterious pH of the blood confirms the arterial nature of the bleeding.

**SURGICAL TREATMENTS**

Current surgical modalities include: sclerotherapy, band ligation, cryotherapy and infrared coagulation can cause excessive bleed, pain and prolonged hospitalization. Additionally, minimally invasive procedures have developed intensely during the past 10 years; of which Stapler-Hemorrhoidectomy and Transanal Hemorrhoidal Dearterialization (THD) are most common surgical techniques.

**STAPLER HEMORRHOIDECTOMY**

Stapler Hemorrhoidectomy is a new technique involving circular staplers, introduced by A Longo (1998).

The procedure involves simultaneous excision and primary wound closure without dissection using a specialized disposable instrument by the name of HCS33 (33 mm hemorrhoidal circular stapler).

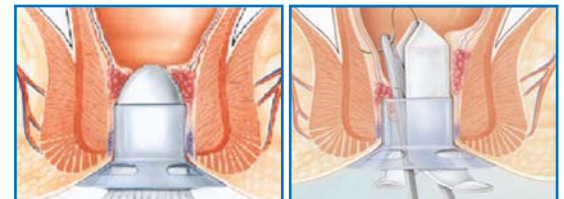


HCS33 - 33 mm Hemorrhoidal Circular Stapler

This works on the theory, that interruption of the feeding superficial hemorrhoidal arteries above the base of hemorrhoid was adequate for complete treatment of symptoms. This provides rapid wound healing and decreases post-operative pain.

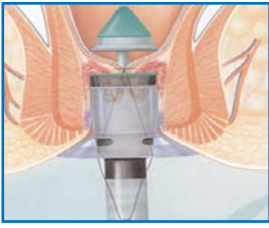
The patients recommended for this surgery are primarily classified as Grade II -IV piles or have prolapsed anal mucosa.

The patients are placed in the Lithotomy position under Spinal anesthesia. The anal verge is held by three atraumatic forceps and everted to facilitate introduction of an anal dilator along with an obturator. After removing the obturator (introducer), the prolapsed mucous membrane falls into its lumen.



a. Introduction of Anoscope    b. Application of Purse String Suture

The anal dilator is then fixed to the surrounding skin. A 'purse string suture anoscope' is then introduced



c. Stapler being fired

through the dilator, the window of which facilitates inclusion of mucous membrane.

### Schematic representation of stapler Hemorrhoidectomy being done

A purse string suture with a prolene 2.0, round bodied, 30mm ½ circle needle is taken around the anal circumference, 2cm proximally to the dentate line by rotating the anoscope.

The head of the opened circular stapler is introduced proximal to the purse string; and the knot is applied. The suture ends are subsequently pulled out using a threader (flange) and knotted externally. The entire casing of the circular stapler is introduced and moderate traction is applied to the knot to draw the mucous membrane into the casing of HCS33. Instrument is tightened, safety lock released and fired. It is kept in closed position for 20 seconds after firing so that it acts as tamponade and helps in promoting homeostasis. A fiber optic light cable, supplements for additional light in the anal canal.

The tissue is subsequently checked for a complete circumferential doughnut. Finally the stapled line is examined which is over the anorectal ring at least 2 cm from the dentate line.

Anal packing done with betadine and paraffin gauze is removed the next morning, and the patient walks back home.

The staples are titanium micro staples that fall without the patient's knowledge.

### TRANSANAL HEMORRHOIDAL DEARTERIALIZATION THD SURGICAL APPROACH

Another recently developed mode of surgical management for hemorrhoids of Grade II and above is, Transanal Hemorrhoidal Dearterialization (THD), in which hemorrhoidal arteries are ligated using a Sound Doppler.

#### Operative Technique

The patient can be placed in Lithotomy, Jack-Knife or Left Lateral Decubitus position.

A sound Doppler probe is attached to a disposable and specialized proctoscope and introduced into the anal canal. The probe identifies the artery, which is ligated using an absorbable suture (Vicryl). Absence of sound on the Doppler indicates ligation of the selected artery.

Complete ligation of the terminal branches of the superior rectal artery is done circumferentially in the similar

manner followed by check of the ligations via Doppler.

THD allows the localization of the terminal branches of the SRA. The particular shape of the instrument permits precise needle rotation and penetration, hence selective ligation of the terminal arterial branches supplying the internal hemorrhoidal plexus.

Following arterial ligation blood inflow to the piles drops without compromising venous outflow. Thus the ratio of the inflow/outflow decreases. This change in ratio results in collapsed piles and hemostasis.

The decreased tension allows for the regeneration of the connective tissue within the cushions, which facilitates the shrinkage of hemorrhoids and induces permanent reduction of the prolapse.

The sutures used to ligate the arteries create a rectal plexus by stitching the rectal mucosa to the layers below and elevating the hemorrhoidal cushions above the dentate line, thus reducing or eliminating the rectal prolapse.

#### Complications though rare may include:

- Bleeding
- Sub-mucosal haematoma
- Sphincter damage
- Anal Stenosis
- Anal fissure
- Thrombosed Piles
- Delayed discharge



THD Device

#### Advantages

- Day Care Procedure
- No need of anesthesia (THD)
- Minimal post-op complication
- No post-op pain
- Highly effective
- Rare relapses
- Highly effective
- Negligible tissue trauma



Doppler (arrow) attached to the proctoscope

#### Disadvantages

- Not indicated in presence of anal mucous prolapse
- Expensive disposable device
- Moderate complications rate
- Technically good expertise required

In the end, we would like to conclude that **Stapler Hemorrhoidectomy** and **Doppler guided THD** are safe and effective procedure for the treatment of II and III degree hemorrhoids with minimal postoperative pain and quick recovery. ■

### NEWS FLASH

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from Bhatia Global Hospital & Endosurgery Institute to Ethicon Endosurgery Institute through **4-ISDN** lines on 19-05-2005



**JUNE - 05**  
VOL: 05 NO: 06

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- July 2, 3, 2005  
(Saturday, Sunday)
- September 24, 25, 2005  
(Saturday, Sunday)
- November 25, 26, 2005  
(Friday, Saturday)

**EXPERIENCE THE EXPERTISE**

- |                     |                    |
|---------------------|--------------------|
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**Venue** Ethicon Institute of Surgical Education, Kirti Nagar, New Delhi.



**GLOBAL LAPAROSCOPIC WEEK**  
November 18-25, 2005

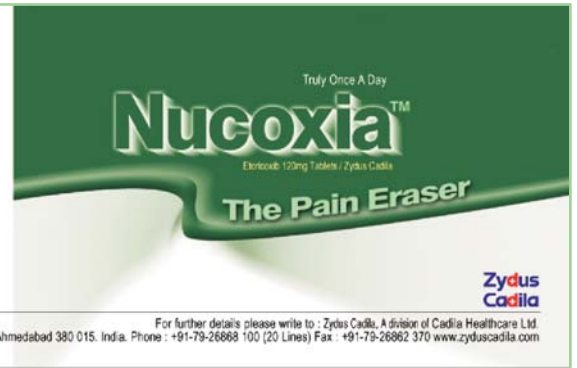
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