Medical Reports on HAL (in chronologic order)

Morinaga K., et al,

Sohn N, Aronoff J,

Arnold S., Antonietti E., Rollinger G., Scheyer M., Surgical Department Hospital of Bludenz / Austria.
Summary: 105 Patients. All stages of hemorrhoids were treated by this method. The HAL method is painless, successful and has a low rate of complications. It is four outpatients and it is an alternative to all other methods in the treatment of hemorrhoids.
[Original article in German]

Beck J., Ebner St., Mueller W., Beller S., Szinicz G., Surgical Department Hospital Bregenz / Austria.
Report on 184 patients all grade II hemorrhoids, treated between 2000 and 2002, No intra- or peri-operative complications, patient satisfaction was measured 1 week, 1 month and 6 month after the procedure.
[Original article in German]

Gallese N.
Department of General Surgery, UCP Coloporoctology Unit, San Gavino Monreale Hospital (CA) ]- Italy, 2002.
Report on 150 patients, follow up period more then 12 month
Results: When properly used, H.A.L. is highly effective, with 98% positive responses, even if further experimentation and verification are necessary.
Conclusion: the H.A.L. Technique involves simple artery ligations on the level of rectal mucosa without excisions or tissue necrosis; the method is painless and can be done on an out-patient basis with immediate return to work.
[Original article in Italian]
Coyoli García Oscar, Cruz Santiago César A.

Ligadura Doppler en el tratamiento de la enfermedad hemorroidal.

Toledo CRC, Herrejón CJM, Stahl DEM, González S, Martínez HA, Sepúlveda CRR, Servicio de Coloproctología Hospital Regional ALM ISSSTE / Mexico / Year 2003

A prelimaniry report about their first 25 patients. Excellent results, follow up period 4 month only, the prelimaniry result and impression encourages the team to further evaluate the HAL procedure.

[Original article in Spanish]

S. Wildi, Hetzer F., Demartines N., Clavien P.A., University Hospital Zurich / Switzerland.

Doppler Guided Hemorrhoidal Artery Ligation (HAL): a new, valuable alternative in the treatment of the hemorrhoidal disease.

Summary: The HAL method stays for an efficient and a nearly pain-free treatment of stage II and stage III hemorrhoids.

[Original article in German. 2003]

Gold D., MSc. FRCS (Eng), FRCS (GenSurg), MBBS, Consultant Colorectal Surgeon, The North Hampshire Hospital, UK.

Preliminary report on his first 15 patients, with severe grade 2/3 hemorrhoids. No complication such as hemorrhage or retention of urine. All patients were discharged the same day. Follow up 3 month. In 13 out of 15 patients have avoided formal hemorrhoidectomy.

Conclusion so far: it is not a final solution to hemorrhoids but has certainly become my procedure of choice for all patients requiring formal hemorrhoidectomy, where the main complaint is either bleeding or prolapse.

A. Bursics, K. Morvay, P. Kupcsulik, L. Flautner, First Department of Surgery, Semmelweis University, 1082 Budapest, Hungary.

Title: Comparison of early and 1-year follow-up results of conventional hemmorrhoidectomy and hemorrhoid artery ligation: a randomized study.

Issued in the "International Journal of Colorectal Disease", accepted May 2003

Zagrjadsky Eugeny Alekseevich, Chief of the department colorectal surgery of the medical center, Moscow, Russia

Title: doppler guided hemorroidal artery ligation (HAL) for the treatment of hemorrhides- result in 169 patiens.

Orginal report in Englisch, October 2003 and September 2004

J. L. Narro, Doctor for Surgery, Germany, Cologne

Title: Hemorrhoid Therapy with Doppler Guided Hemorrhoidal Artery Ligation via Proctoscope KM-25. A New Alternative to Hemorrhoidectomy and Rubber Band Ligation?

Issue: Zentralbl Chir 2004

[Original article in German, 2004]
A. Hardy, C.L.H. Chan, C.R.G. Cohen

The surgical Management of Haemorrhoids - A Review

A number of new surgical treatments have led to a reappraisal of haemorrhoid disease over the last few decades. Despite a range of treatment modalities, the options are limited in their effectiveness and can lead to a number of complications. An inadequate classification system based on appearance rather than symptoms makes the choice of appropriate therapy difficult. More recent techniques have led to a move away from surgical excision. However, further research is required to establish their precise indications and long-term efficacy.

Digestive Surgery, 2005
St. Mark's Hospital, Harrow UK