

[Ambulatory haemorrhoid therapy]

[Article in German]

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For thousands of years, anal complaints were treated symptomatically with ointments, suppositories and, in isolated cases, even surgically. Since the middle of the last century injection sclerotherapy has been by far the most widespread out-patient treatment for the very common haemorrhoidal disease. This is based on the notion that haemorrhoids are varicosities, and while this idea has been contested by the theory of a spongy body for over 200 years, it is nonetheless only in the last 40 years that the spongy body theory has become accepted, giving rise to further important functional investigations on the anal structures involved in bowel continence and to rational treatment for haemorrhoids. The conditions necessary for out-patient treatment of haemorrhoids and the options available are presented in this paper and discussed with reference to acceptance, inherent risks, and the possible complications. While diet and behavioural methods, and also anal dilatation and treatment with ointments, can be managed by the patient without any problems, regardless of how effective sclerotherapy and rubber band ligation are, these involve risks whose ramifications are often underestimated. One operative procedure that may well become established as an effective out-patient method in the future is Doppler-guided isolated haemorrhoidal artery ligation (HAL) after Morinaga. Traditionally, day surgery is not so well accepted for haemorrhoidectomy in Germany; unless the operation planned is not very extensive, in-patient treatment is still considered preferable.

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