

Hemorrhoid Treatment: The Gastroenterologist Perspective. A Year in Review.

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Over a year ago Atlanta Gastroenterology Associates became one of the first gastroenterology practices in the United States to employ the CRH O'Regan System™ in the outpatient setting. This was quickly followed by adoption of a similar treatment protocol in our endoscopy centers. Within a short time many gastroenterologists across the country were trained in the procedure by CRH Medical Products Corporation. The trend continues.

Patients come to us complaining of bleeding, burning or discomfort, but it is not life threatening. Because of the reputation of many of the hemorrhoid treatments available, most patients only seek medical care when the symptoms become unbearable. Finally, there is some good news for hemorrhoid sufferers. Thanks to CRH's hemorrhoid banding technology, patients can be treated quickly, return to work the same day and resume normal activity with very little discomfort.

Traditionally, most gastroenterologists have not been trained to treat hemorrhoids other than by medical management of symptoms. However, now there is an option to effectively treat the underlying problem. The CRH O'Regan System™ utilizes Rubber Band Ligation to effectively treat patients with all grades of hemorrhoids. For most patients, two or three treatments are necessary to ablate all of the disease.

The advantages of this procedure are myriad: it is relatively painless, does not require anesthesia, lasts a minute or so, and is typically performed in the office or endoscopy suite. It is the only hemorrhoid removal treatment that requires no pain medication and little to no recovery time.

As a result of the interest in the procedure, we performed a prospective research study on the CRH O'Regan System™ in the outpatient setting. The findings were presented at Digestive Disease Week, last May. In more than 200 banding sessions with 113 patients, there were less than one percent complications. No patient required time off because of the procedure. Initial symptoms were resolved in 94% of patients. In fact, rectal bleeding resolved in 90% after at least one banding event. Three month follow up revealed a greater than 80% sustained improvement in initial symptoms. These results have held up over the past year, and in many cases the effectiveness is greater and the complications lower as the physician masters the learning curve.

As more gastroenterologists become trained in the CRH O'Regan System™, it is important to highlight a few lessons learned over the past year. Efficiently incorporating the technology into your existing practice translates to better understanding the benefits of sustained hemorrhoid treatment in the future.

Lesson One: Get a feel for hemorrhoids. Although we literally "feel" hemorrhoids on a daily basis, there is a simple learning curve involved in identifying which ones are amenable to treatment. A simple trick to improve examination skills is to mentally note the changes in the

hemorrhoid plexus during colonoscopy. Similar to esophageal varices, the engorged hemorrhoid veins will flatten out with excessive air and alternatively, expand when air is suctioned. At the conclusion of the colonoscopy consider inserting a standard anoscope in the rectum to help visualize the tissue through the cylinder. This will help form a mental map of varying hemorrhoid degrees, a skill that will improve the outpatient examination of hemorrhoids.

Lesson Two: Consider a dedicated hemorrhoid clinic. Instead of treating hemorrhoids “catch is as catch can”, it is often more efficient to set aside a half day per week (or more) as a block of time to evaluate and treat hemorrhoids. Your office staff will soon become proficient in the high throughput nature of the treatment protocol and the overall flow of patients will become more manageable.

Lesson Three: Understand the financial benefits of hemorrhoid treatment. Incorporating the CRH O’Regan System™ into your practice is an excellent way to supplement revenue streams. The treatment of hemorrhoids is highly reimbursed by most insurance companies and will help gastroenterologists adapt to the coming healthcare changes.

Lesson Four: Think outside the box. For too long ano-rectal pathology has been somewhat of a black box for gastroenterologists. It needn’t be. Eventually the physician will be faced with additional problems such as anal fissures, rashes, spasm, and the like. Becoming proficient in the treatment of peri-anal disease in general is rewarding and will lead to a more robust outpatient practice.

Lesson Five: Expect results. This is often one of the hardest points to convey to physicians new to hemorrhoid treatment. The CRH technology is a superior ligation strategy; the physician should expect excellent outcomes for their patients. It is clearly a more definitive treatment than traditional, less invasive, methods. A decision to initiate treatment for rectal bleeding, burning, discomfort, or itching means that the patient should expect relief upon follow up. You will soon see the positive response in your own clinic.