Haemorrhoidal Artery Ligation Study: the surplus value of the Doppler

Published: 24-05-2007 Last updated: 08-05-2024

The objective is that 6 standard ligation of hemorrhoidal arteries is as effective as doppler

guided.

Ethical review Approved WMO

Status Recruitment stopped

Health condition type Gastrointestinal vascular conditions

Study type Interventional

Summary

ID

NL-OMON30853

Source

ToetsingOnline

Brief title

HAL study

Condition

- Gastrointestinal vascular conditions
- Vascular therapeutic procedures

Synonym

Haemorrhoids

Research involving

Human

Sponsors and support

Primary sponsor: Catharina-ziekenhuis

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Artery, Doppler, Haemorrhoid, Ligation

Outcome measures

Primary outcome

No more symptoms (blood loss, pain, pruritis, prolaps) at six months

postoperatively

Secondary outcome

Incidence of hamorrhages and bladder retentions first 48 hours

Incidence of other repair related complications

VAS pain score day 1-7

VAS overall satisfaction month 1 + 6

Wexner Fecal Incontinence Score month 1+6

Costs

Maybe same questionairre one year postoperatively

Study description

Background summary

Hemorrhoids is a frequent encountered disease. Symptoms like blood loss, pruritis ani, pain and prolaps are incapitative for the patient. If conservative treatment fails (like diet), an intervention is indicated. First choice treatment is the rubber-band-ligation. Minimally invasive the base of the hemorrhoids is ligated resulting in less hemorrhoidal tissue. Second choice is more painful, the hemorrhoidectomy. There is however an alternative: doppler guided ligation of the hemorrhoidal artery. Excellent results including less postoperative pain have been reported. In that literature and our own experience showed standard 6 loactions of the hemorrhoid arteries. And sometimes no diminished blood flow is heard with the doppler, although experts

underline this still can be an adequate ligation. Without doppler guidance, 6 standard ligations (at 1,3,5,7,9 and 11 o'clock) could as effective. Additional advantage would be that the special doppler-proctoscope is not necessary anymore. In our institute with approximately 150 patients annually, it would mean a reduction of 45,000 euro in costs.

Study objective

The objective is that 6 standard ligation of hemorrhoidal arteries is as effective as doppler guided.

Study design

A randomized study

Intervention

A ligation of hemorrhoidal arteries doppler guided or at six standard localisations.

Study burden and risks

Burden: completing questionnairres, aprroximately 20 min in total Risk: a possible lower success for complete relief of the symptoms

Contacts

Public

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

Hemorrhoidal disease Grade II or III Symptomatic following two rubber-band-ligation-procedures Written informed consent

Exclusion criteria

Previous ano-rectal surgery Known coagulation disorder

Study design

Design

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Single blinded (masking used)

Control: Active

Primary purpose: Treatment

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-08-2007

Enrollment: 92

Type: Actual

Ethics review

Approved WMO

Date: 24-05-2007

Application type: First submission

Review commission: MEC-U: Medical Research Ethics Committees United

(Nieuwegein)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register ID

CCMO NL17426.060.07