



**Title** **A Systematic Review of Stapled Hemorrhoidectomy**  
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## Aim

To systematically review the literature regarding the safety and efficacy of stapled hemorrhoidectomy in comparison to conventional methods of hemorrhoidectomy.

## Conclusions and results

The evidence base for circular stapled hemorrhoidectomy shows that it is as safe as conventional hemorrhoidectomy. The evidence base was inadequate to determine efficacy of circular stapled hemorrhoidectomy in comparison to conventional hemorrhoidal procedures.

Small sample size and short followup times limited the level II evidence. Few studies assessed similar endpoints, and the reporting of important outcomes was incomplete.

*Safety:* At 2 weeks, stapled hemorrhoidectomy conferred a 45% (95% CI, 18%-63%) reduction in the risk of bleeding compared to the conventional technique. Comparison of the other reported complications tended to favor the stapled technique.

*Efficacy:* Prolapse occurred at higher rates in the stapled group, and as this is one of the indications for surgery, its persistence may be viewed as treatment failure. Patient satisfaction with overall postoperative symptom control was similar in both treatment groups.

## Recommendations

It was recommended that surgeons practicing stapled hemorrhoidectomy should conduct a careful audit of their results. It was also suggested that, as a minimum requirement, surgeons wishing to use the stapled technique of hemorrhoidectomy should undergo appropriate training and supervised instruction in accordance with training guidelines developed by The Colorectal Surgical Society of Australasia.

## Methods

All original, published human studies on stapled hemorrhoidectomy were identified by searching Current Contents, EMBASE, MEDLINE, HealthSTAR, and the Cochrane Collection Library from when the databases began entering data (1966 or later) until June 2001. Randomized controlled trials of patients with all levels of hemorrhoids comparing conventional hemorrhoidectomy (excision-ligation, closed hemorrhoidectomy, or diathermy which may or may not be ligated) with circular stapled hemorrhoidectomy were included for review. Only English language articles were included for review as, based on the abstracts of foreign language articles, they did not offer any significantly different or more extensive results.