



Hemorrhoidal Dearterialization with Laser (HeLP): An Effective, Minimally Invasive Treatment for Grade II and Grade III Hemorrhoids

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Short Communication

HeLP (Hemorrhoids Laser Procedure) consists of sealing 12 terminal branches of the superior hemorrhoidal arteries 2.5 cm above the dentate line, just before they reach the hemorrhoidal plexus. The rationale of this procedure is the same of other forms of dearterialization: By reducing the arterial blood overflow into the hemorrhoidal venous system, the hemorrhoidal plexus shrinks and the symptoms related to the hemorrhoidal disease are cured. Laser energy is delivered by a diode laser platform at the wavelength of 980 nm with 12 W energy, in a pulsed mode. The arterial terminal branches, close to the dentate line, are very thin and superficial. The laser fiber, placed over the mucosa, shrinks 4 mm of tissue including the underlying artery. An accurate localization of the artery pulse by means of a point-shaped 20 MHz Doppler probe is deemed necessary in order to successfully seal the arteries. The operation is harmless, painless, can be performed as an office procedure without anesthesia, only with lidocaine-lubricants. It allows a quick return to daily activities. The advantage of HeLP in comparison with other form of dearterialization is the minimal-invasiveness, the absence of intra- and post-operative pain. It is mainly indicated in symptomatic II and III degree hemorrhoids. The presence of significant mucosal prolapse may reduce the effects of dearterialization (Figure 1).

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Figure 1: