Is there a post-PPH syndrome?

I. Khubchandani • M.H. Fealk • J.F. Reed III

Abstract Background Despite early studies reporting significant decreases in postoperative pain and morbidity with the procedure for prolapse and hemorrhoids (PPH) compared to traditional hemorrhoidectomy, certain complications and long-term efficacy remain uncertain. This study was performed to assess the prevalence of usage of PPH and the observed postoperative complaints and complications. Methods A questionnaire was mailed to national and international members of the American Society of Colon and Rectal Surgeons (ASCRS) and the accumulated data were reviewed. Results The rate of response to the 2,642 questionnaires was 28.5% (n=754). Of the 754 respondents, 531 (70.4%) had performed PPH and 451 (84.9%) continued to perform PPH. The most commonly reported postoperative complaint was delayed postoperative pain. Pain lasting for months was reported by 15.1% of respondents. Persistent bleeding was reported by 34.5%, and 40.9% felt there is a post-PPH syndrome. Conclusions Some long-term studies critically examining PPH have come to fruition. A majority of respondents continued to perform PPH. Nearly half of these agreed that there is a “post-PPH syndrome” relating to postoperative morbidities. The most disturbing morbidity was lasting perineal pain of unexplained etiology demanding challenging management. Persistent bleeding from hemorrhoidal disease distal to the staple line requires further management and raises the question as to the use of PPH as a permanent remedial procedure.

Key words PPH · Stapled hemorrhoidopexy · Postoperative complications · Hemorrhoids · PPH syndrome

Introduction

Persistent pain and fecal urgency after stapled hemorrhoidectomy (procedure for prolapse and hemorrhoids, PPH) was first reported by Cheetham et al. [1] in 2000. In their study symptoms developed immediately after surgery in two patients and after 10 days to 5 months in another three patients. The early onset in their prospective study was alarming enough to terminate the project. The procedure continued to be performed in large numbers in Europe, but was adopted in the United States with caution. The cost factor and reimbursement has caused a further decline in the performance of the procedure. Various complications have been reported, but persistent postoperative delayed pain has remained an ill-understood entity. Thus, lasting unrelenting pain of unknown etiology experienced by patients following stapled hemorrhoidectomy (stapled anopexy) is known as PPH syndrome. There have been various theories offered, includ-
The data were collected and entered into a spreadsheet for review and analysis. Institutional review board approval was obtained. Appropriate statistical analysis was performed by the institution’s biostatistics department.

Results

Of the 754 respondents, 531 (70.4%) had performed stapled hemorrhoidectomy. Of these respondents, 52.9% (281) reported that their patients had no postoperative pain. The reported excessive lasting pain (Table 1) varied with 15.1% (80 respondents) reporting pain lasting for months and 2.4% (13 respondents) reporting pain lasting for years.

Of the 531 respondents who had performed stapled hemorrhoidectomy, 138 (26.0%) reported postoperative burning in their patients and 94 (17.7%) reported postoperative itching. Symptomatic nonexpelled staples were reported by 125 respondents (23.5%) and 197 (37.1%) reported exposed asymptomatic staples, with 183 (34.5%) noting persistent bleeding in their patients from the staple line. Almost half of the respondents (49.7%) reported patients with symptomatic external tags. (It is the author’s practice not to excise the tags during surgery.) Anal stenosis was reported by 83 respondents (15.6%).

A large majority of those surgeons who had ever performed PPH (451 of 531, 84.9%) continued to perform PPH. Of the 223 surgeons who had never performed the procedure, 173 (77.6%) had no knowledge of the technique and 101 (45.3%) did not perform the procedure because they had heard that the procedure was not safe. Finally, 217 (40.9%) of the 531 who had ever performed PPH believed that there is a post-PPH syndrome (Table 2).

Methods

In April 2007, 2,642 questionnaires, which included a brief introductory letter as well as a simple 1-page questionnaire (Fig. 1), were distributed to the national and international members of the American Society of Colon and Rectal Surgeons (ASCRS) via the US Postal Service.

![Survey distributed to national and international members of the ASCRS](Image)

Fig. 1 Survey distributed to national and international members of the ASCRS