September 2018 DCR/APDCRS Journal Club Questions for Discussion

Bellio G, Pasquali A, diVisconte MS. Stapled hemorrhoidopexy: Results at 10-year follow-up. Dis Colon Rectum 2018; 61: 491-498.

1. What sort of bias is introduced into a retrospective investigation of outcomes 10 years after the operation?

2. In a trial comparing surgical techniques it is important to know the background of the surgeons involved (specialist, non-specialist surgeon, years of training) including their training and level of experience with the surgical technique in question (stapled hemorrhoidopexy- SH). In this particular study, the operations were performed 10 years ago- was this disclosed in the study? How were these surgeons trained? Proctored? Seminars? Cadaver? What was Ethicon Endosurgery's role in this training 10 years ago?

3. How many surgeons were involved in these 86 SH operations? Can you comment on this surgical volume over 12 months? What do you think these same surgeons' volume of SH is in 2018?

4. Were any other hemorrhoid operations performed by these surgeons in that 12-month period of time in 2006?

5. What is "stapled transanal rectal resection" (in Discussion)?

6. What does Figure 2 tell you about the relationship of recurrence/patient satisfaction and length of follow-up for this operation?

Ripetti V, La Vaccara V, Greco S, Arullani A. A randomized trial comparing stapled rectal mucosectomy versus open and semiclosed hemorrhoidectomy. Dis Colon Rectum 2015; 58: 1083-1090.

1. In a trial comparing surgical techniques it is important to know the background of the surgeons involved (specialist, non-specialist surgeon, years of training) including their training, level of experience with the proposed surgical techniques- was this disclosed in the study?

2. It is also important to know the surgical techniques proposed: Milligan-Morgan, stapled rectal mucosectomy (or stapled hemorrhoidopexy) and "Park" technique. Was this done? The Ferguson Hemorrhoidectomy is a 'closed' hemorrhoidectomy, what is a 'semi-closed' hemorrhoidectomy?

3. What were the criteria for hospital discharge (or conversely for hospital stay), it seems like "evacuation" was required for discharge?

4. What is the most common etiology for anal stenosis? How did the authors define anal stenosis? Did these cases require remedial operations? How was the condition resolved?

5. Given the study results and final conclusions why are surgeons still performing 'open' or Milligan-Morgan Hemorrhoidectomy? Have you ever seen one? Do you think the authors had a biased viewpoint heading into this study? In what way?

Van Backer JT, Jordan MR, Leahy DT, Moore JS, Callas P, Peter A. Cataldo PA. Preemptive Analgesia Decreases Pain Following Anorectal Surgery: A Prospective, Randomized, Double-Blinded, Placebo-Controlled Trial. Dis. Colon Rectum 2018; 61: 824–829.

1. How important was conscious sedation in this study? Would this also have worked with general anesthesia?

2. How would you have designed the trial if you were doing it today? With respect to procedures performed?

3. As most of the effects are seen here occur in the immediate postoperative period, what other options are there for continued narcotic sparing effects beyond 24 hours?

4. The patient groups are balanced for age, gender and type of surgery. What other factors affect pain perception postoperatively?

5. What surgical techniques intra-operatively influence a patient's perception of pain in the postoperative period?

De Nardi P, Capretti G, Corsaro A, Staudacher C. A prospective, randomized trial comparing the short- and long-term results of Doppler-guided transanal hemorrhoid dearterialization with mucopexy versus excision hemorrhoidectomy for grade III hemorrhoids. Dis Colon Rectum 2014; 57: 348–353.

1. Performing power calculations for a study can be difficult. In this study, calculations were based upon an expected 3-point difference. How do you obtain estimates to do this?

2. The issue of spin or bias for one technique over another is a continued problem in publishing. Do you sense that here? Are issues of conflict of interest (company support) clearly stated?

3. How does the "conventional open diathermy hemorrhoidectomy" described herein compare with the Ferguson hemorrhoidectomy performed by many in the United States?

4. The authors state there were “no postoperative complications”, and “patients were discharged the first postoperative day”. Do you feel that results of this study are applicable to your patients?

5. What do you conclude regarding patient satisfaction from looking at the results of Table 3?