NHS National Institute for Health and Clinical Excellence (UK)

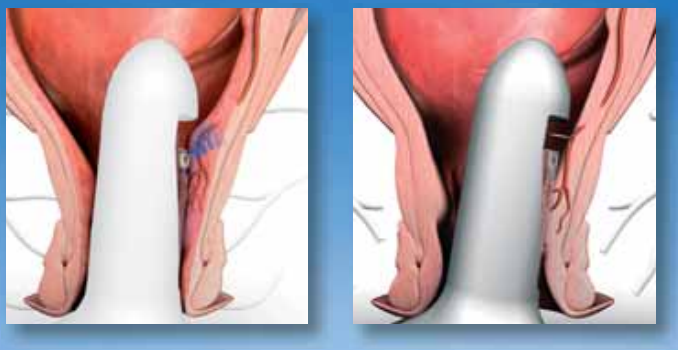
Guidance: "Current evidence on haemorrhoidal artery ligation shows that this procedure is an efficacious alternative to conventional haemorrhoidectomy or stapled haemorrhoidopexy in the short and medium term, and that there are no major safety concerns. Therefore this procedure may be used provided that normal arrangements are in place for clinical governance, consent and audit."

NICE interventional procedure guidance 342; Issue date: May 2010 http://guidance.nice.org.uk/IPG342

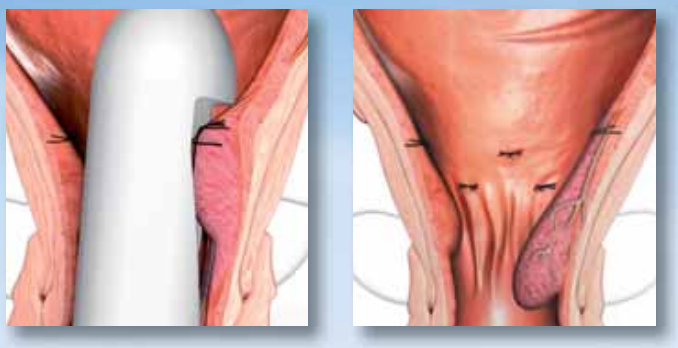
The HAL-RAR system is a complete solution for treatment of haemorrhoids, comprising an electronic unit with special probes designed for both artery ligation and mucopexy of prolapsing mucosa in one sitting.

HAL (Haemorrhoidal Artery Ligation) involves the use of Doppler ultrasound technology to allow the precise detection of haemorrhoidal arteries in each individual patient. This method is extremely effective in addressing the symptoms of haemorrhoidal disease, and can be used alone to treat low or medium grade haemorrhoids, or in conjunction with the mucopexy for higher grades. The ligations serve to reduce the arterial blood supply, causing the haemorrhoidal cushions to shrink back to normal size. As a rule, between five and seven arteries will be found during the procedure, however this number can vary from patient to patient and may also depend on the severity of the haemorrhoids in each case.

The **RAR (Recto Anal Repair)** method is used to treat the prolapsing haemorrhoids that occur during more advanced stages of the disease. Once the arteries have been ligated, one or more mucopexies can be made in various positions using the same probe. After an initial stitch has been made as far proximal as possible, the special ligation window is slowly opened by turning the handle, gradually releasing more and more prolapsing mucosa. This is gathered up by a running suture from proximal to distal, which ends just above the dentate line. This suture is then knotted to the initial stitch, lifting the prolapsing tissue back up into position.



HAL - Doppler-guided detection of arteries and subsequent ligation



RAR - Placement of running stitch above the dentate line from proximal to distal, and subsequent lifting of prolapsing tissue back up towards the initial stitch

Advantages of HAL and RAR

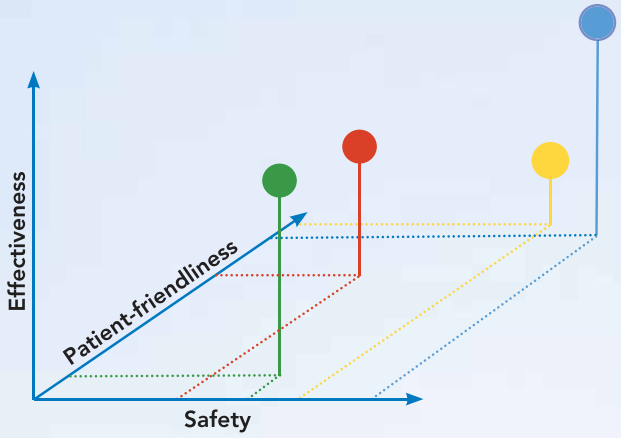
Since the introduction of these minimally-invasive methods, many tens of thousands of patients have been treated with them and excellent results achieved in terms of effectiveness, patient-friendliness and safety.

Effective
- Treatment of the three main symptoms - bleeding, itching and pain - with HAL
- Treatment of the prolapse with RAR

Patient-friendly
- Minimal pain
- Quick recovery

Safety
- Fewer intra-operative complications
- Fewer post-operative complications

The operation can be tailored to suit each individual patient!



This diagram represents an assessment made by A.M.I. based partly on published data and partly on evaluations by surgeons experienced with the HAL & RAR methods.

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