



## Opinion

### A Brief Comment on the Treatment of Internal Hemorrhoids by Rubber Band Ligation Combined with Sclerotherapy

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At present, the occurrence of internal hemorrhoids is mainly based on two theories: varicose vein theory and anal cushion descending theory. All the treatments for internal hemorrhoids are based on these two theories, either effectively blocking the blood supply of internal hemorrhoids, promoting blood reflux, reducing intravenous pressure and varicosity, or moving the anal cushion upward to improve its extrusion symptoms.

As two commonly used methods of internal hemorrhoids treatment, sclerosing agent injection can make venous sclerosis atrophy, then necrosis and exfoliation, effectively improve varicose veins, treatment of bleeding symptoms. The rubber band ligation makes the internal hemorrhoids ischemic atrophy, and the wound tightened.

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The anal cushion moved up effectively, which achieves the purpose of treating prolapsed symptoms. However, the two methods alone are difficult to achieve the purpose of treating bleeding and prolapsed symptoms at the same time, and the treatment effect of severe internal hemorrhoids is limited.

In recent years, we have found that the combination of the two methods can effectively move the anal cushion upward on the basis of blocking the blood supply of internal hemorrhoids by injecting sclerosing agent after the rubber band ligation of internal hemorrhoids. We randomly divided 300 patients with severe internal hemorrhoids into experimental group and control group. The experimental group was treated with rubber band ligation combined with sclerosing agent injection, while the control group was treated with rubber band ligation alone. The pain, bleeding, time of rubber band falling off and recurrence were observed in the two groups. The data were recorded and compared. It was found that there was no significant difference in postoperative pain between the two groups, but the experimental group was superior to the control group in terms of postoperative bleeding, unexpected falling off of the rubber bands and recurrence.

Therefore, we have come to the conclusion that in the treatment of hemorrhoids, rubber band ligation combined with sclerosing agent injection can achieve a more satisfactory therapeutic effect. Because of its simplicity, convenience and no increase in medical expenditure, we recommend that sclerosing agent injection be used as a routine supplementary treatment after the treatment of internal hemorrhoids with rubber band ligation.



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