

Realistic Assessment Of Piles Surgery

You may have been told that you need **piles** surgery, or you may just be wondering "Would surgery for **piles** be worth it to getting rid of these things?"

To help to make an informed choice, there are a few things you should know about various pile surgical procedures.



First there are the particular non-invasive procedures such as latex banding or even coagulation treatment. Latex banding involves placing a tight latex band around the pile, causing the pile to shrivel up and fall off. This is a relatively safe process, but it can take up to a week to complete the process, when time the pain could get quite intensive. Latex banding can only be used on piles of a certain size, because it really is not suitable for piles that are too small to get a good lock on or for piles too large to get the latex band around.

- Another non-invasive procedure will be cauterization therapy, which can be performed by laser, medicine, or freezing.
- In this instance, the effect of the procedure is to cut off blood flow into the pile at the source.
- All of these therapies are potentially quite painful, but carry less chance for long term damage than full incisive surgery.

Coagulation remedy, which also causes the complete stoppage of blood to the pile, is also an option. This is less effective than most, but also carries less risk as well as potential trauma, so it is frequently used for the elderly or perhaps for those who might not recover well.

- The first invasive surgical procedure involves stapling the piles back up into the anal canal while excising as much pile tissue as you possibly can.
- This action carries much less risk of trauma and permanent damage than hemorrhoidectomy, but comes with a higher recurrence rate.
- People who take this method are about 3% more likely to experience a return of their piles.
- In addition, the surgeon needs to be specifically trained in this procedure for ideal results.

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- **Hemorrhoidal** arterial ligation is another alternative to full hemorrhoidectomy.
- In this procedure, the doctor finds the blood vessels feeding the artery, and closes it right above those vessels' entry into the pile.
- It is also less traumatic than a full hemorrhoidectomy, and offers a 93% success rate in stopping piles from returning.

Then there is hemorrhoidectomy, which involves the total removing the pile and encircling tissue by either a scalpel or laser.



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Neither has been confirmed in clinical studies to work much better than the other, and while laser surgery might reduce the chance of scalpel-borne infection, it can also cause deep tissue burns if the surgeon isn't adequately skilled. A hemorrhoidectomy does carry the highest chance of permanent pile elimination. However, it also bears the highest chance of extremely bad side effects such as lifelong urinary incontinence and permanent nerve damage. These side effects are fortunately extremely rare, but you should be aware of them. In addition, hemorrhoidectomy has the longest recovery time and usually a long period of pain and inflammation.

- Knowing the risks is an important part of deciding whether surgery is right for you.
- Only you, together with your surgeon's assistance, can decide on the **pile surgery** right for you.

Donald writes informatively about piles, and knows a lot about **piles surgery** and non-surgical piles remedies.

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