

[Comparison of electrotherapy of hemorrhoids and Ferguson hemorrhoidectomy in a randomized prospective study.](#)

[Izadpanah A](#) and [Hosseini SV](#)

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- View abstract

BACKGROUND: Ferguson [hemorrhoidectomy](#) has been shown to be associated with significant amount of post-operative (post op) [pain](#) and complications. However, electrotherapy in which [hemorrhoidal](#) tissue is not excised might not be associated with severe complications.

OBJECTIVE: Our aim was to compare the results of Ferguson [hemorrhoidectomy](#) with electrotherapy methods using 16 and 30 mA (milliamperes) direct current (DC). METHODS: Four hundred and eight patients with [symptomatic hemorrhoids](#), grades 1, 2 and 3, were [randomly](#) assigned into 3 groups. Group A (136 patients) underwent Ferguson [hemorrhoidectomy](#), group B1 (136 patients) and group B2 (136 patients) were subjected to electrotherapy using 16 and 30 mA, respectively. The groups were compared in terms of duration of procedures, duration of hospital stay, post op [pain](#) severity and post op complications including recurrence, [infection](#) and non-healing [ulcers](#). RESULTS: All patients in group A had severe [pain](#) for 7-14 days of post op. However, in group B1, 88(65%) patients had mild [pain](#) during the treatment and 1st post op day; 28(21%) of them could not tolerate the operation; 20(15%) of them had mild [pain](#) and 10(7.5%) of them had moderate [pain](#) up to day 7. In group B2, 47(35%) of patients had sever [pain](#) for 6 h and 20(15%) of them experienced mild [pain](#) for 2-7 days post op. The one day hospital stay in group A and group B2 were 82 and 97%, respectively, while patients in group B1 were treated as out patients. [Mean](#) procedure time for one [hemorrhoidectomy](#) in group A was 23 min, in electrotherapy using 16 and 30 mA was 9.7 and 6.1 min, respectively. The overall success rate with the first application in group B1 was 57% and in group B2 was 93%. CONCLUSION: Electrotherapy method using 30 mA DC could significantly decrease post op [pain](#), operation time and hospital stay. This method had good success rate and very low post op complications compared to Ferguson [hemorrhoidectomy](#) and using 16 mA method. Therefore, due to its effectiveness, less [pain](#), rapidity and safeness, we recommend it.

