**Indications and Contraindications**

**Indications**
Grades 2 and 3 (and in some cases, Grade 4) hemorrhoids.

**Absolute Contraindications**
- Anal stenosis of severity to prevent proper insertion of the anoscope and device
- Grade 4 hemorrhoid
- Previous anorectal surgery
- Previous radiation of the immediate area
- Inflammatory Bowel Disease
- Anal incontinence
- Anal-receptive sexual practice

**Relative Contraindications**
- Pre-operative bowel prep

**Qualifications of Personnel**

**Surgeon**
Current, appropriate certification to practice surgical medicine, and extensive specialty level knowledge of anorectal anatomy. Hemorrhoidopexy is most safely performed by well-trained colorectal and general surgeons whose regular clinical practice incorporates that aspect of surgery.

**Operating Room Staff**
All staff must be properly certified to support anorectal surgery, and adequately in-service on the Covidien device.

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**Hemorrhoidopexy with Covidien EEA™ Hemorrhoid Stapler: Technique Guide**

Developed by a consensus council of colorectal surgeons, December 16-17, 2009, Elancourt, France.

Stapled Hemorrhoidopexy was initially introduced by Antonio Longo, MD, in the mid-1990s as a surgical treatment for symptomatic hemorrhoids, with less post-operative pain than conventional surgical procedures. Since that time, significant clinical data has been published to show efficacy of the procedure for certain patient populations.

The introduction of a new commercial device by Covidien in 2009 warrants re-examination of the standard method for performing Hemorrhoidopexy, in order to assure the best practice with this device by surgeons new to the procedure. This Technique Guide outlines and details the recommendations of an international consensus council comprised of colorectal surgeons with extensive experience in the procedure and with the new Covidien device.

This Guide is not intended to substitute for proper medical education, nor to address every possible situation facing a surgeon performing hemorrhoidopexy. It is supplemental to the Instructions for Use of the device. This Guide is strictly intended as a tool for teaching and a guide for learning the key steps and criteria for safe and effective outcomes of hemorrhoidopexy with the Covidien EEA™ Hemorrhoid Stapler.

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**Specifications of the Procedure**

**Pre-operative Preparation of Patient**
According to the surgeon’s preference, the patient may have pre-operative preparation: full bowel prep, enema or rectal washout.

**Anesthesia**
Prior to start of surgery, the patient should be given spinal block anesthesia, or conscious sedation and a local anesthetic. In some cases, the patient may be treated under general anesthesia.

**Patient Positioning**
The patient may be positioned either prone (“jack-knife”) or supine (lithotomy), according to surgeon preference. The surgical table should be at a height appropriate for the surgeon to be seated during rectal suturing and standing during implementation of the stapler.

**Suturing**
Prior to suturing and throughout the procedure, the suture port must be in place. It may be sutured into place, at the surgeon’s preference. The anoscope should be used throughout the suturing process.

With the suture port in place, the surgeon must suture a fully circumferential purse string with no gaps between sutures, at 2 cm to 3 cm above the hemorrhoid pedicle, approximately 4 cm from dentate line. Suturing closer to the hemorrhoid pedicle is not...
the black handle. After removal of the fired stapler, the surgeon must be closed completely in one uninterrupted squeeze. Insertion) to standing for firing the stapler. The device handle means shifting from a seated position (during suturing and appropriately for single-squeeze firing. For most surgeons, this means shifting from a seated position (during suturing and insertion) to standing for firing the stapler. The device handle must be closed completely in one uninterrupted squeeze.

After firing, the stapler can be removed following one full turn of the black handle. After removal of the fired stapler, the surgeon should carefully inspect the staple suture line. The sutures anchoring the port may then be removed.

ANTIBIOTICS
Antibiotics may be administered pre- or peri-operatively according to surgeon preference and/or institutional protocol. Peer-reviewed literature shows no preference for prophylactic use of antibiotics.

PATIENT INSTRUCTIONS
Pre-procedural Care and Instructions
Patients who take medications such as Plavix™ or Coumadin™ may need to cease medications in advance of surgery and for an appropriate post-operative period. Ceasing and restarting medications is at the judgment of the surgeon based on the specific needs and co-morbidities of the patient.

Post-Procedural Care
Patients should be monitored appropriately according to the anesthesia administered. In most cases, patients can be discharged within 12-24 hours based on local institution protocols. Upon discharge, patients should be advised to follow a high fiber diet, and use stool softeners and sitz baths. Analgesics should be provided for the immediate recovery period, with specific instructions to continue fiber and stool softeners for the duration of the analogics. General recommendations for patient activity include limiting activity for at least two to three days, and advising against travel for two weeks.

A follow-up visit should be scheduled according to the surgeon’s preference, within 2-4 weeks of surgery.

REFERENCES
Corman ML, Gravie JE et al., Stapled haemorrhoidopexy: a consensus position paper by an international working party – indications, contra-indications and technique, Colorectal Disease, 5, 304–310.