

AB150. 73. Systematic review & meta-analysis of randomised control trials comparing stapled haemorrhoidectomy (SH) versus transanal haemorrhoidal dearterialization (THD) for treatment of haemorrhoidal disease

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Background: Haemorrhoidal disease is the most common anorectal pathology affecting 50% Irish and 36.4% UK population at some stage in their life. After conservative management with dietary modification and office procedures like rubber band ligation has failed formal haemorrhoidectomy needs to be done. Conventional haemorrhoidectomy has been replaced by new techniques like stapled haemorrhoidectomy (SH) and transanal haemorrhoidal dearterialization (THD) due to its serious complications. We performed this systematic review

and meta-analysis of randomised control trials (RCTs) comparing these two modalities.

Methods: Search strategy was designed with help of an experienced librarian for Ovid Medline, EMBASE, Cochrane Library and PubMed until 30th August 2017. Primary outcome of interest was recurrence and where available data on operative time, pain score and complications were also recorded.

Results: Seven RCTs pooled a total of 543 patients with 275 in THD group and 268 in SH group. Based on fixed effect model the recurrence among the two groups was 1.39 (95% CI: 0.85–2.29). So, there was no statistical difference among the two groups in terms of recurrence, while statistically significant reduction was noted in terms of complications 0.63 (95% CI: 0.40–0.97) and reduction in pain scores –1.88 (95% CI: –3.58 to –0.18) in THD group as compared to stapled haemorrhoidectomy group was found. Operative times for both groups were similar 2.31 (95% CI: –2.54–7.15) so not statistically significant.

**Conclusions:** Based on meta-analysis of seven RCTs it is found that THD has similar recurrence and operative time to SH along with reduced complications and pain scores. **Keywords:** transanal haemorrhoidal dearterialization (THD);

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