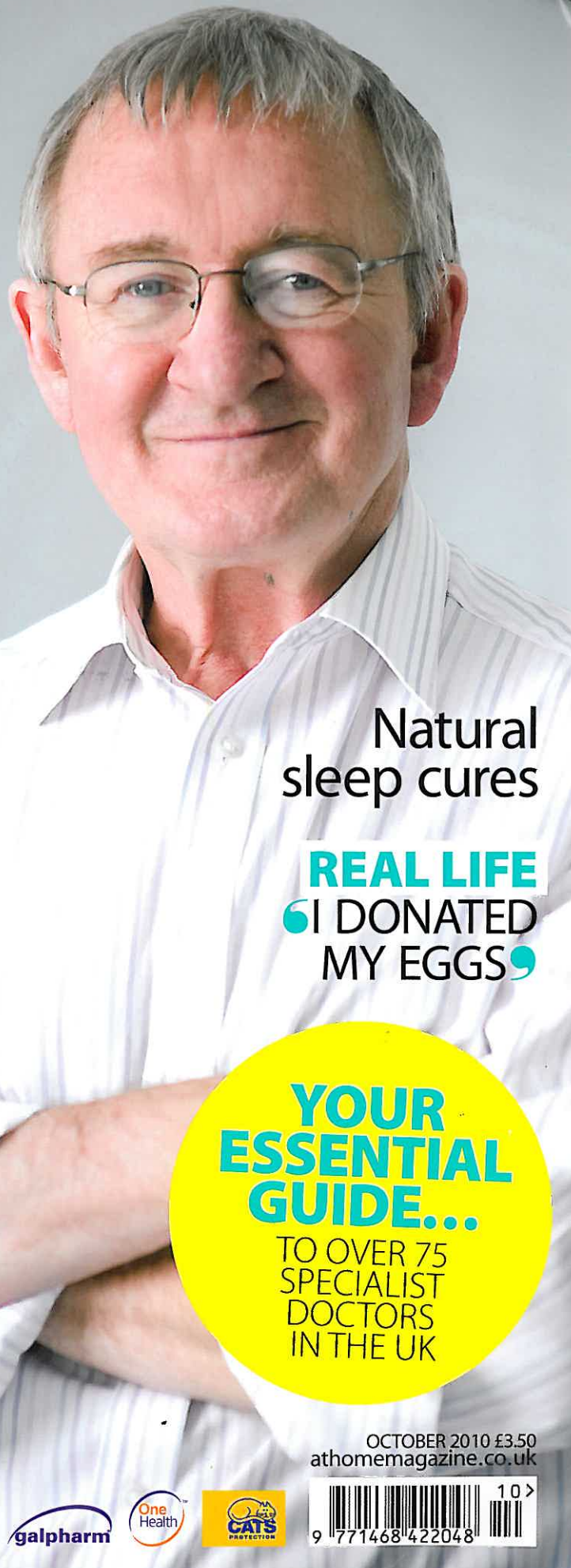


at home

FAMILY HEALTH

with Dr Chris Steele



TV'S DR CHRIS

Your fave GP brings you the ultimate healthy living mag

WHY SUGAR IS KILLING YOU

18 ways to boost your heart health

Natural sleep cures

REAL LIFE
6 I DONATED MY EGGS **9**



PARENT CLINIC
KIDS' AILMENTS AND ILLNESSES EXPLAINED

YOUR ESSENTIAL GUIDE...
TO OVER 75 SPECIALIST DOCTORS IN THE UK

PLUS! Beat S.A.D
+ Vital vitamins
+ Weekend escapes
+ Train like an athlete



OCTOBER 2010 £3.50
athomemagazine.co.uk



GET TO THE BOTTOM OF YOUR PROBLEMS

Mr Pasquale Giordano is an internationally renowned surgeon with a special interest in bowel cancer, advanced laparoscopic (keyhole) surgery, functional bowel problems, proctological disorders and complex abdominal wall reconstructions. He is a consultant surgeon and an honorary senior lecturer at Whipps Cross University Hospital and an educational supervisor for Royal College of Surgeons of England.

Benign anal conditions, such as piles and anal fissures, are extremely common and although do not represent a threat to patients' lives can hugely affect their quality of life. Treatment of these conditions can be at times challenging and surgical intervention can be very troublesome and with potential risk to bowel function.

DEALING WITH HAEMORRHOIDS

Haemorrhoids or piles are like enlarged blood vessels in or around the back passage. They normally act as a kind of mechanical plug within the back passage contributing to the fine closure of the anal canal and therefore helping with the bowel control. When the pressure inside this vascular tissue becomes abnormally increased, the piles swell, form small lumps and may burst and bleed.

Although haemorrhoidal disease isn't usually very serious and often sorts itself out within a few days, the condition is common affecting a large number of people and in some cases can become chronic, causing recurrent bleeding, extreme discomfort and pain. Traditional treatments include steroid creams to relieve the local swelling and itching and sclerotherapy injections or banding to try to shrink the piles. Unfortunately though, often these are only temporary measures and for the most advanced cases surgery is the only effective solution.

Make a quick recovery with new techniques of treating piles



Conventional surgical treatment involves cutting piles out from the sensitive skin of the back passage. That results inevitably in severe post-operative pain, the wounds may take a long time to heal and in some cases, bowel control is affected. Understandably, this has always been a cause of fear and worry for patients suffering with piles.

Over the last few years, however, a new minimally invasive surgical intervention for the treatment of haemorrhoids has become available. The procedure, known as transanal haemorrhoidal dearterialisation (THD), aims to correct the anatomy and physiology of the haemorrhoidal plexus rather than excising the diseased tissue.

THD relies on the localisation and ligation of all the small blood vessels feeding the vascular tissue forming the haemorrhoids. This is achieved using a dedicated device consisting of a short telescope coupled with a Doppler transducer (a miniature ultrasound device) which is used to precisely locate the blood vessels.

In experienced hands, THD can be successfully performed on even the most advanced cases.

AIDING A QUICK RECOVERY

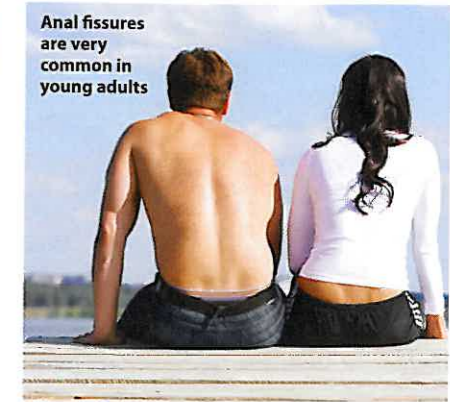
The THD method, by not involving the excision of any tissue offers a number of advantages over other surgical treatments for haemorrhoids. First of all, the procedure is performed on an area where no nerve endings are found and therefore it normally carries very little, if any, post-operative pain or discomfort. Furthermore, not excising any tissue minimises the risk of possible surgical complications and has the added benefit of eliminating the presence of any wound and the associated need for nursing care. Because of all these advantages, post-operative recovery is normally very quick with most patients returning to work within a few days. What's more, preserving the haemorrhoidal tissue also preserves the important role of haemorrhoids in supporting the bowel control.

Mr Giordano was the first surgeon to introduce this technique to the UK back in 2002 and is currently the surgeon with the largest THD experience in the country. He is also the director of the only training centre in the UK for this technique, having already trained numerous surgeons from all around the world. He has produced a number of scientific papers and publications on the subject and has given numerous invited lectures on THD to international conferences and meetings. With his research, Mr Giordano has also greatly contributed to the current guidelines on THD produced by the National Institute for Clinical Excellence (NICE).

Get relief from bowel problems by consulting an experienced specialist



Anal fissures are very common in young adults



TACKLING ANAL FISSURES

This is a very common condition affecting young adults in particular. It consists of a split of the lining of the back passage and is normally caused by constipation and excessive straining when opening the bowel. Classic symptoms of anal fissure are severe anal pain and bleeding from the back passage which can cause inconvenience and major distress to patients.

Conservative management consists of dietary manipulation and laxatives to correct the constipation and the use of topical creams and ointments aims to relax the anal muscle to help the healing. Unfortunately, conservative measures only heal 50-60% of patients. For those who fail to respond, Botulin toxin injected in the anal muscle can be safely used.

However, a significant portion of patients will still fail to heal and will require additional surgical intervention. The most commonly used procedure involves the division of some of the fibres of the anal muscle to achieve a degree of relaxation. This has proved to be very effective for the treatment of anal fissure, but unfortunately causes a permanent weakening of the anal muscle which may lead in a small but significant number of patients to a deterioration of bowel control. To avoid this potential hazard, a new technique has now been developed. Using the tissue just next to the fissure, a flap of healthy skin is created and used to cover the fissure. In this way the fissure is immediately resolved without any potential risk to the anal muscle and to the bowel control.

GET IN TOUCH...

MR PASQUALE GIORDANO MD, FRCS, FRCS(ED)

For NHS appointments: Whipps Cross University Hospital, Whipps Cross Road, London E11 1NR,

call **020 8535 6656**, email **pasquale.giordano@whippsx.nhs.uk**

For private appointments: Spire Roding Hospital, Roding Lane South, Redbridge, Ilford, Essex IG4 5PZ. Call his PA direct on **07725 514014**, email **info@londoncolorectal.org**. Further information on THD is available at **www.thdiab.co.uk**

