

Questions to ask your specialist

If you have signs and symptoms of haemorrhoids, it may be time to make an appointment with your physician. A few questions to ask your physician to better understand whether you are a candidate for THD® Doppler procedure include:

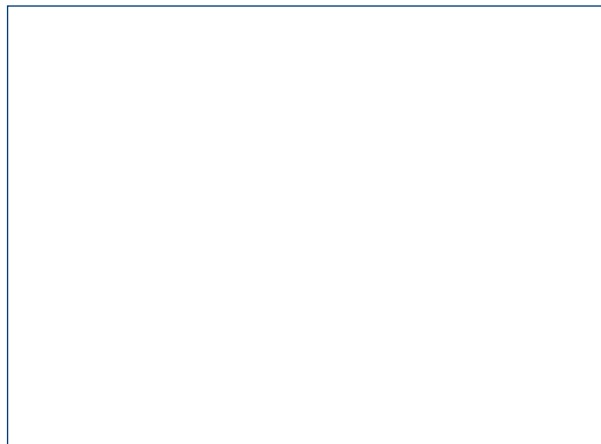
1. What is the likely cause of my symptoms?
2. Is my condition likely to be temporary or permanent?
3. Am I at risk of complications related to this condition?
4. What treatment approach do you recommend? Why?
5. Are there any additional self-care steps that might help?

Depending on your signs and symptoms, your physician may refer you to one or more specialists for treatment.



Call for a consultation today

For more information, please contact:



See if THD® Doppler procedure is right for you

Patient results and recovery may vary depending on disease severity.

This information is shared solely for educational purposes. It is offered to help you make an informed decision about THD® Doppler procedure as a method of treating haemorrhoids.

Only a physician can determine whether THD® Doppler method is right for you.

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THD® DOPPLER PROCEDURE

MINIMALLY INVASIVE TREATMENT FOR HAEMORRHOIDS



What are haemorrhoids?

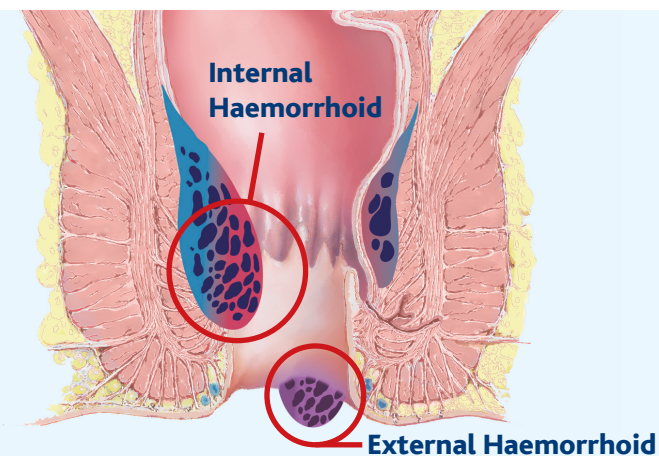
Haemorrhoids are a group of blood vessels in the anus and lower part of the rectum. Although they are a natural part of our anatomy, over time they may become swollen, causing itching, bleeding and pain. Swollen haemorrhoids can be caused by constipation, pregnancy, heredity, obesity and straining during bowel movements, among other factors.

There are two types of haemorrhoids:

External haemorrhoids lie on the outside of the anal opening. They develop under this very sensitive skin and feel like soft swellings.

Internal haemorrhoids are located inside the anus and rectum and are covered by the same thin lining as the colon. Although usually painless, they can become inflamed and push outside the anus, causing irritation and pain.

Bleeding can signify more serious rectal problems, such as cancer or polyps. Your physician should evaluate all bleeding, however slight.



Reviewing treatment options

For many people, haemorrhoids come and go on their own with the use of over-the-counter medications. Whenever outpatient procedures or conservative treatments are not deemed effective, the specialist may direct the patient towards surgical treatments.

Current treatment options include:

Rubber band ligation

Rubber band ligation is an outpatient treatment used in the early stages of the disease, when symptoms are more evident. A rubber band is placed on exposed tissue to reduce excessive blood flow; the procedure often needs to be repeated and haemorrhoids may come back.

Stapling

Excess tissue is cut out, and remaining tissue is stapled back to its original position; this procedure is associated with a higher complication rate, and recovery is generally longer than with rubber band ligation.

Haemorrhoidectomy

Developed 50+ years ago, this surgical procedure involves removing a large amount of tissue; patients report significant pain, and recovery can take several weeks.

THD® Doppler Method: a mini-invasive approach as an alternative

THD® Doppler Method is intended to treat painful haemorrhoids reducing the problems associated with other surgical treatments. No tissue is removed. Instead, blood flow is reduced and the haemorrhoids are repositioned to their natural site. Most patients report less pain, quicker recovery, and a shorter time to first bowel movement.

THD® Doppler procedure in 3 steps:

THD® Doppler procedure is most often performed as an outpatient procedure that involves 3 steps.

1. The arteries that cause the overflow of blood to the haemorrhoidal cushions are identified through the Doppler probe.
2. The surgeon ties the artery(s) using a self-absorbing suture, resulting in a reduction in swelling and bleeding. There is no cutting or removal of tissue.
3. The surgeon repositions any prolapsed (hanging) tissue to its natural position using self-absorbing sutures.

THD® Doppler procedure:

- No tissue is cut or removed
- In most cases patients return to work or normal activity in a week

Information in this pamphlet should not be used as a substitute for talking with your doctor. Always refer to your doctor for answers to questions regarding diagnoses and treatments.

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