

# Office treatments of hemorrhoids



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**H**emorrhoids are rarely a matter of life or death, but they can make some people's lives seem unbearable due to possible symptoms of pain, itching, swelling, bleeding and protrusions. Symptomatic hemorrhoids are one of the most common complaints a physician evaluates. The problem is indiscriminating; it can occur in both men and women of any age. Often, hemorrhoids enlarge and become increasingly bothersome with age. Reports estimate that at least 50% of individuals over the age of 50 have some form of symptomatic hemorrhoids.

Many patients try to doctor their own hemorrhoids; they spend over \$100 million a year on nonprescription remedies. Many are able to control their problem by increasing the fiber content of their diets, maintaining normal weight and avoiding straining during bowel movements. Patients who have hemorrhoids that don't respond to self-care measures should consult a physician. Not all rectal growths are hemorrhoids, and although rectal bleeding is not necessarily a sign of colon cancer, it should be evaluated to rule out the possibility.

Hemorrhoids may be a sensitive subject for most people, but it no longer has to be a painful one. There are now new techniques that can be performed in the privacy of a physician's office, curing the condition quickly, safely, painlessly, and with no downtime.

## Non-surgical options

"Hemorrhoids, also known as piles, are masses of dilated veins in the anus or in the mucous membrane of the rectum," explains Domingo E. Galliano, Jr., MD. "Among factors contributing to this condition are heredity, nutrition, occupation, pregnancy, exercise, coughing and constipation. Hemorrhoids are rated in severity by four degrees, and classified as external or internal by their location. The extent of the disorder determines the treatment."

Lesser hemorrhoids may require no treatment but more extensive ones may need surgery. There is, however, a large group of people who have moderately severe hemorrhoids. They can be treated in an office setting using gentle, effective, non-surgical methods such as rubber band ligation and a new method called Infrared Coagulation.

Fast gaining popularity among surgeons and the patients they treat with this new method, Infrared Coagulation is an offshoot of laser technology.

"With the use of an Infrared Coagulator (IRC), we can zap away hemorrhoids by using a pistol-like probe that emits bursts of infrared light energy lasting between 1.5 and 2 seconds each," describes Dr. Galliano. "This pulsed light causes the blood within the knot of hemorrhoidal tissue to clot. The hemorrhoid then shrivels up and dies."

"The treatment is virtually pain-free and requires no anesthesia. Some patients report feeling a brief sensation of heat during the treatment. Patients are saved the expense of hospitalization, and they typically only need two or three office treatments lasting about 15 minutes each. The most likely candidates for IRC are those patients who have bleeding internal hemorrhoids, prolapsing internal hemorrhoids and small external hemorrhoids."

Since its government approval in 1984, IRC has been used successfully by over 10,000 physicians in the United States. Physicians praise it as a procedure that does not provoke bleeding or require sutures, but reduces infection risk and allows patients to return to normal activity immediately after treatment. In 90-95% of patients treated with IRC, their problem is cured with no recurrence of

growth in the same site.

In some cases, doctors prefer another innovative treatment method called rubber band ligation.

"This procedure is especially effective for second degree hemorrhoids, which are those that protrude at defecation but contract spontaneously," notes Dr. Galliano. "Third degree hemorrhoids, which protrude but must be replaced manually to their original position, also respond well to rubber band ligation."

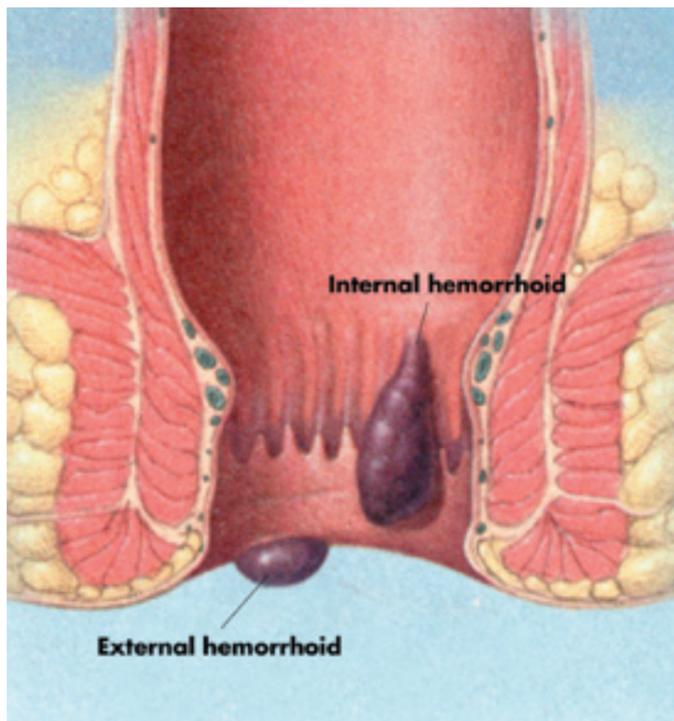
Another non-surgical method for the removal of hemorrhoids, rubber band ligation involves a tiny flexible band, which is placed around the pile, where it tightens, depleting the blood supply to the area. Deprived of blood, the growth shrinks. In only one or two office treatments, the troubling condition is resolved.

## No downtime

In both the IRC and rubber band ligation procedures, patients can return home with little or no discomfort after treatment, and they do not have to miss a day of work.

Other methods for treating hemorrhoids include sclerosing injections and cryotherapy. In cases in which very large internal and external hemorrhoids exist, a hemorrhoidectomy may be the best option. A physician experienced in all treatment methods can serve as a knowing guide in making these decisions.

"There is no single treatment for all hemorrhoids; the physician must evaluate each patient individually," concludes Dr. Galliano. "The good news is, with the advances in modern medicine, we can offer more comfortable, less-invasive treatments for a variety of hemorrhoid conditions. An office visit to your physician may produce a new, simpler, non-surgical answer to a very old and common problem." **FHCN**



## Make a note...

Dr. Galliano welcomes your inquiries regarding this article. His office is located at 2525 Harbor Blvd., Suite 208, in Port Charlotte. He also sees patients at North Port Health Park. For more information or to schedule a consultation appointment, please call (941) 625-3411.

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Domingo E. Galliano, Jr., MD, FACS, FASCRS, is board certified in colon and rectal surgery by the American Board of Colon and Rectal Surgery and by the American Board of Surgery in general surgery and surgical critical care. After completing undergraduate work and receiving his medical degree, magna cum laude, Dr. Galliano completed a five-year general surgery residency at Jersey City Medical Center, NJ. He completed a fellowship in colon and rectal surgery at Greater Baltimore Medical Center, Baltimore. He also completed a fellowship in advanced colon and rectal surgery at the Cleveland Clinic, Florida. Dr. Galliano is a clinical assistant professor at University of South Florida College of Medicine, Tampa. He has been in private practice in Port Charlotte since 1989, and he is affiliated with Fawcett Memorial Hospital, Peace River Regional Medical Center, and Charlotte Regional Medical Center.

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**Dr. Galliano**

# Colon cancer surgery now less invasive



Laparoscopic colon cancer surgery can enable patients to return to their normal activities faster and with less discomfort than traditional procedures.



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Each year in this country, approximately 147,000 people are diagnosed with colorectal cancer, and 57,000 individuals do not survive the disease, according to the Colon Cancer Alliance. Colorectal cancer is the second leading cause of death from cancer in the United States, after lung cancer.

“This form of cancer typically begins with polyps,” explains Domingo E. Galliano, Jr., MD, who is board certified in colon and rectal surgery by the American Board of Colon and Rectal Surgery. “These are precancerous growths on the inner lining of the colon, and they can be troublesome and unpredictable. Most polyps will never become cancerous or cause a life-threatening condition for the patient. However, there is no way to determine which ones will become cancerous without a pathologic

evaluation of the tissue. It is critical that any polyps we find are removed for evaluation.”

Early detection is the key to simpler treatment and a successful cure rate with less impact on quality of life, notes Dr. Galliano.

“Early screening and detection increase the chances for a cure as well as the selection of treatment options. Colonoscopy is considered the most reliable diagnostic tool because visualization of the entire colon is possible,” he explains.

In the event that a patient is found to have a malignancy, colon cancer surgery may be the best option for eliminating the cancerous lesion. The most recent advance in colon cancer treatment is the use of laparoscopic-assisted surgery.

## What is laparoscopic surgery?

With laparoscopy, several small incisions — each less than one-half inch long — allow the laparoscope and specially designed surgical instruments to be introduced into the lower colon by way of the abdominal cavity.

The laparoscope is a small instrument that contains a series of magnifying lenses, a miniature camera, and fiber-optic filaments that can beam light into the abdominal cavity. It provides images of the surgery site and transmits those images to a video monitor where they

are magnified many times to allow the surgeon to view the area in precise detail. Surgeons can establish diagnoses and can perform surgical procedures in a fraction of the time formerly spent in the operating room.

Dr. Galliano explains the primary reasons why laparoscopy is considered favorable. “First, this is a relatively noninvasive procedure compared with the traditional treatment options. Second, the complication rate is low, while the success rate is comparatively high. Third, the recovery period is shorter than with traditional open surgery.”

Indeed, this leading-edge technology is best understood in contrast to traditional open surgery.

“Minimally invasive procedures, with smaller incisions and less scarring, are preferable to most patients,” emphasizes Dr. Galliano. “For that reason alone, we will not perform an open surgery unless it is truly necessary. The laparoscopic procedure offers additional benefits: there is evidence that the incidence of infectious complications is lower with this procedure than with open surgery.”

## The COST study

In May 2004, the *New England Journal of Medicine* reported on the results of a seven-year international study comparing and contrasting traditional colon cancer surgery with laparoscopic

surgery. This important study was referred to as the Clinical Outcomes of Surgical Therapy (COST) group, and it provided good news for patients and their attendant surgeons alike.

“The COST study showed that laparoscopic surgery for colon cancer may be a consideration for up to 70 percent of patients,” reports Dr. Galliano. “That is a significant number.”

The American Society of Colon & Rectal Surgeons has taken a formal position as well on the efficacy of the laparoscopic colon cancer procedure compared with traditional open surgery. Their website now states, “Laparoscopic colectomy for curable cancer results in equivalent cancer-related survival to open colectomy when performed by experienced surgeons.”

Dr. Galliano hastens to remind that not all patients are candidates for laparoscopic colon cancer surgery. “The decision to perform a laparoscopic procedure is a judgment call the surgeon must make. A thorough medical evaluation by a surgeon qualified in laparoscopic colon resection is needed to determine candidacy. For many patients, however, this is an excellent option, and I am pleased that I can offer my expertise in this area when the situation is appropriate for a laparoscopic procedure.”

FHCN—Michael J. Sahnio

Sources: American Society of Colon & Rectal Surgeons, <http://fascrs.org>; Society of American Gastrointestinal Endoscopic Surgeons (SAGES), [www.sages.org](http://www.sages.org).

Gentle, effective care ...

Dr. Galliano welcomes your inquiries regarding this article. He can be seen at **2525 Harbor Blvd., Suite 208, in Port Charlotte or 15121 Tamiami Trail in North Port.** For more information or to schedule a consultation appointment in the Port Charlotte or North Port office, please call **(941) 625-3411**.

## Upcoming features

A number of other major health challenges can affect the anal and rectal areas. They include:

- ANAL WARTS
- CROHN'S DISEASE
- ULCERATIVE COLITIS
- ANAL RECTAL PAIN
- CHRONIC DIARRHEA
- IRRITABLE BOWEL SYNDROME
- PILONIDAL DISEASE
- LAPAROSCOPIC COLON CANCER SURGERY
- DIVERTICULITIS
- RECTAL PROLAPSE
- RECTOCELE
- POLYPS OF THE COLON & RECTUM
- PRURITIS ANI
- ANAL FISSURE
- ANAL ABSCESS/FISTULA
- HEMORRHOIDS

Dr. Galliano will present comprehensive discussions of these challenges in future *Florida Health Care News* articles.



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Rectal Surgery and by the American Board of Surgery in general surgery and surgical critical care. After completing undergraduate work and receiving his medical degree, magna cum laude, Dr. Galliano completed a five-year general surgery residency at Jersey City Medical Center, NJ. He completed a fellowship in colon and rectal surgery at Greater Baltimore Medical Center, Baltimore. He also completed a fellowship in advanced colon and rectal surgery at the Cleveland Clinic, Florida. Dr. Galliano is a clinical assistant professor at University of South Florida College of Medicine, Tampa. He has been in private practice in Port Charlotte since 1989, and he is affiliated with Fawcett Memorial Hospital, Peace River Regional Medical Center, and Charlotte Regional Medical Center.

## Laparoscopic colon cancer surgery

Smaller incisions

May reduce length of hospital stay

Less postoperative discomfort

Quicker overall recovery

May result in faster return to solid diet

Coming soon: future office to be opened in Englewood! Call for more details.

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