

Lasers in Colorectal Surgery: Truth or Legend?

It is estimated that 100 per cent of the world's population has had a disorder of a proctological nature at some time in their life, nearly always directly related to bad feeding habits and chronic constipation. Hereditary and environmental factors also have a bearing, but less so. To regulate the bowels, it is normally enough to follow a diet rich in fruit and fibre, drink large amounts of liquid, and perform regular aerobic physical exercise.

It is usual for surgery to rely closely on technological progress for improvements in safety and, above all, ways of minimising the discomfort patients have to endure. The use of lasers in medicine has always been a synonym for a wonder cure.

At this point, however, it is worth asking what a laser is really for. How much of what they say is true, and how much is legend?

There is a general belief that a laser is a light which cures all ills without touching the patient. This is not altogether so.

In the first place, there is more than one type of laser. Every field, medical speciality and type of treatment has its own. There are lasers for urology or for prostatic photocoagulation, IPL lasers for dermatology or argon lasers for digestive disorders, and various others. Patients frequently confuse laparoscopic surgery with laser treatment.

Dr Kubrat Sajonia Coburgo, a specialist in general surgery and the digestive apparatus, of the Clínica USP San Camilo in Madrid, tells us that a CO₂ laser is used in proctology. It is a cutting instrument that can be used by surgeons in the operating theatre. In other words, it is a kind of scalpel, though a very expensive and sophisticated one.

Nowadays, operations are nearly always carried out with an electric scalpel, and conventional blades have practically fallen into disuse. This is because electric devices coagulate the tissues as they cut, so preventing blood loss.



However, they leave a burn which is largely responsible for the ensuing pain.

The laser has two main advantages. It cuts extremely precisely, and most importantly of all, it scarcely burns the tissue it acts upon. Whereas it is estimated that the thermal damage caused by a conventional electric scalpel can reach a depth of up to half a centimetre, a CO₂ laser burn is less than two millimetres deep. This means a much more rapid recovery for the patient, since minimum damage is done to the tissues. The wounds scar over more quickly, though they may bleed more during the first 24 hours.

"I want to stress," says Dr Sajonia Coburgo, "that the laser is not a new technique but a new surgical instrument. It is a revolutionary tool for extirpating haemorrhoids in a conventional manner. When this procedure is followed, it is very unlikely that the patient's problem will recur. The American Society of Surgeons totally prohibits the palliative use of the laser as a photocoagulator of internal haemorrhoids because it increases the risk of anal stenosis."

Thumbs up for lasers, then – but in the right hands. ■

TIPS FOR TRAVELLERS

Three recommendations for people with haemorrhoidal pathologies who are planning to fly, or have recently undergone an operation.

- On the days before travelling, stick to a diet rich in fruit and fibre, especially if the flight is trans-oceanic. There is known to be a relationship between acute bouts of constipation and changes in water or diet.
- Moderate the consumption of alcoholic drinks on board. Alcohol acts as a powerful dilator of the blood vessels, and the reduced atmospheric pressure inside the cabin can therefore help to trigger a haemorrhoidal thrombosis. On the other hand, it is best to drink large amounts of other liquids like water, soft drinks and fruit juices, which have a high fibre content.

- Get up and go for a short walk in the aisle every two hours. Avoid wearing very tight trousers or underwear.

