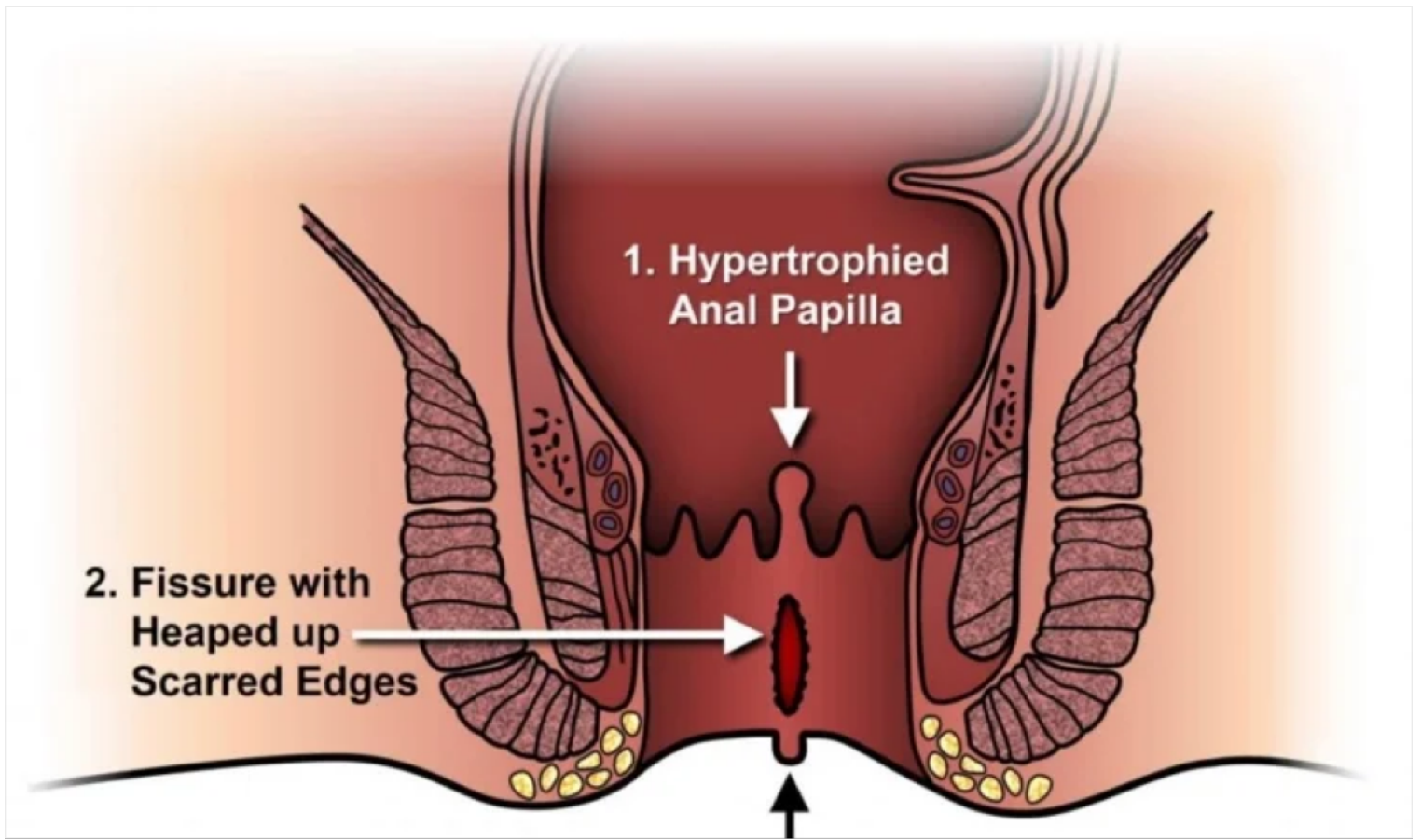
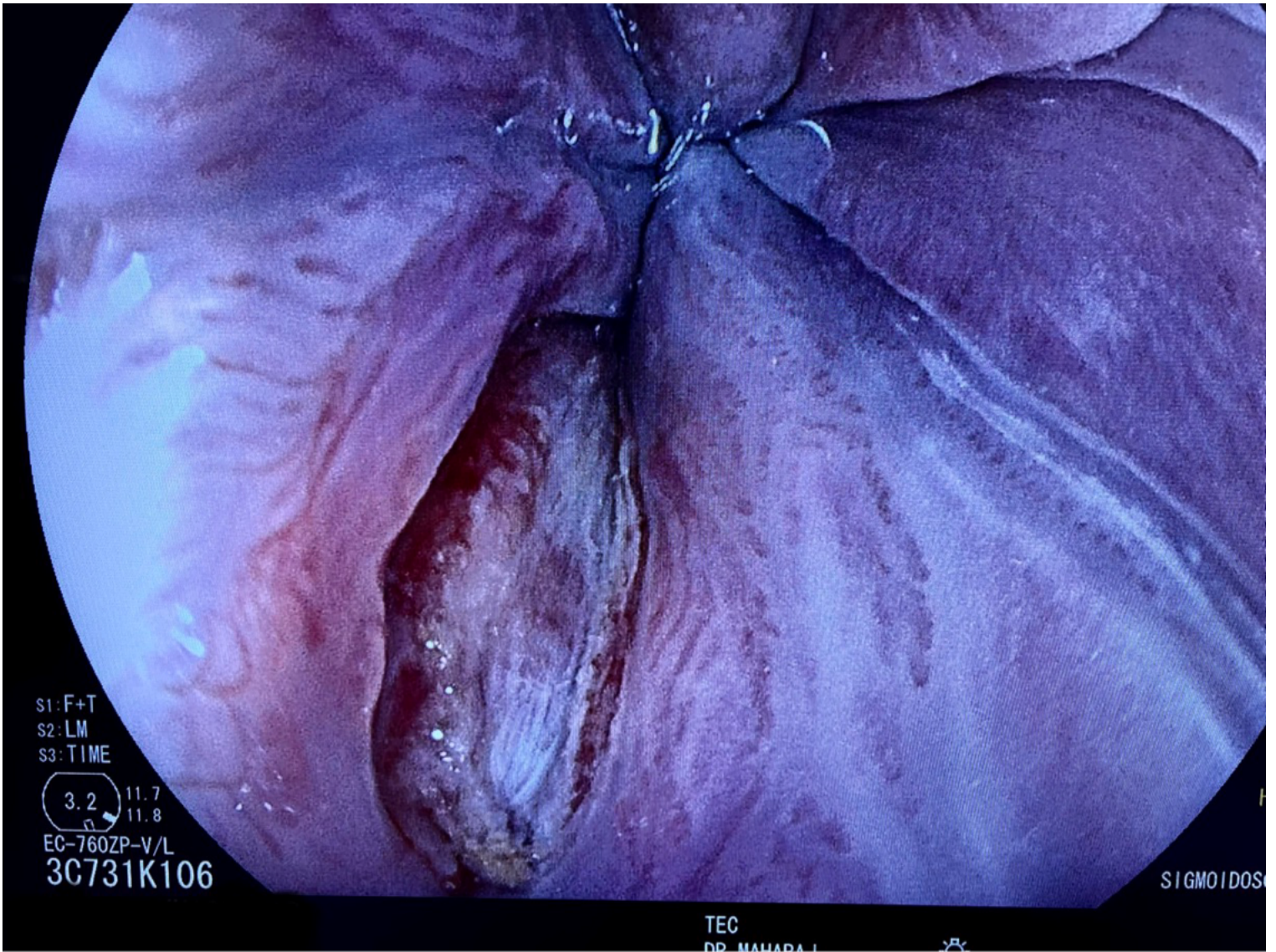


Hello prospective patient, your doctor (or walk in clinic doctor, see below) will need to refer you to us at ProctoCan, Dr. Maharaj, and associates have a clinical interest in Anorectal Diseases and have advanced clinical expertise in Minimally Invasive (MIS) therapies like Trans Anal Hemorrhoidoplasty and Laser Hemorrhoidoplasty (LHP or ELITE) for hemorrhoids. We can consult with you and schedule a procedure within days; at our North York Endoscopy Location let's get started. We hope that the following helps you understand a little more about your options prior to making a decision about the surgical procedure you may need:

Thanks for reaching out to us to see if we can help you back to health. We understand that you are likely having significant symptoms. We offer comprehensive, holistic care of your gastrointestinal health. From the esophagus to the anus. We at ProctoCAN specifically offer advanced anorectal care. Furthermore we can see you for care within days. We can also offer ongoing care for you, electronically, by text and phone call facilitating your return to health; the sooner the better.

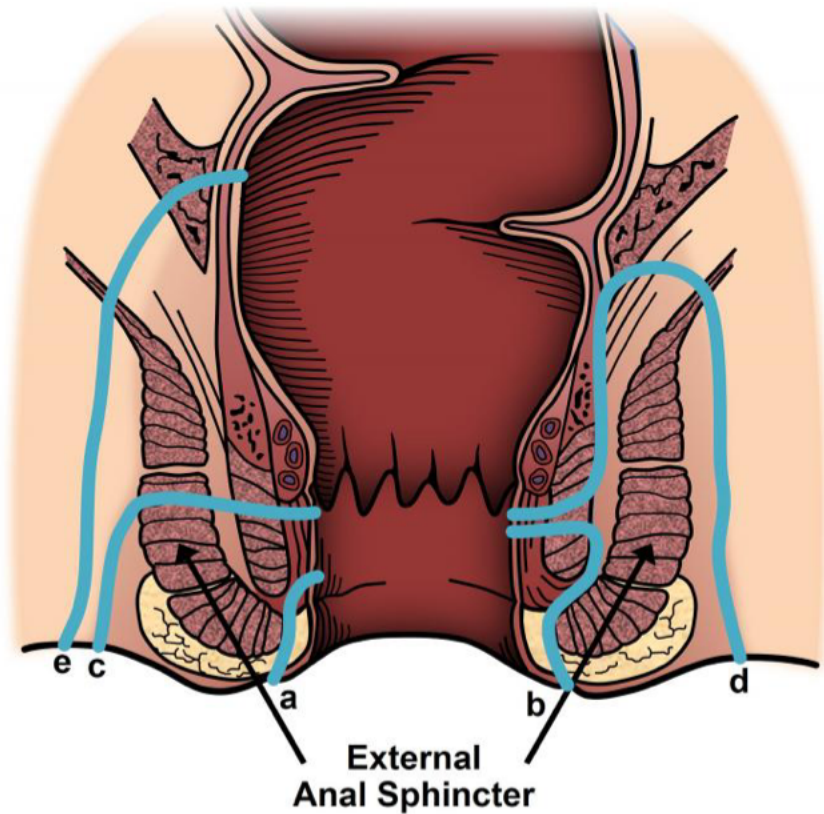
Firstly, all that hurts and bleeds at the anus may not be hemorrhoids. You may have a fissure, which is a tear and treated medically, most times over 2-6 months. Confusing things further a sentinel skin tag (marked with a black arrow below) can make it seem that it, and NOT the nasty tear that lies behind is causing the pain.





Even more rarely you may have a fistula if you have a painful lump or hole (usually 1cm or more away from the anal opening itself) and now drains blood or pus intermittently through these tunnels marked in blue here:

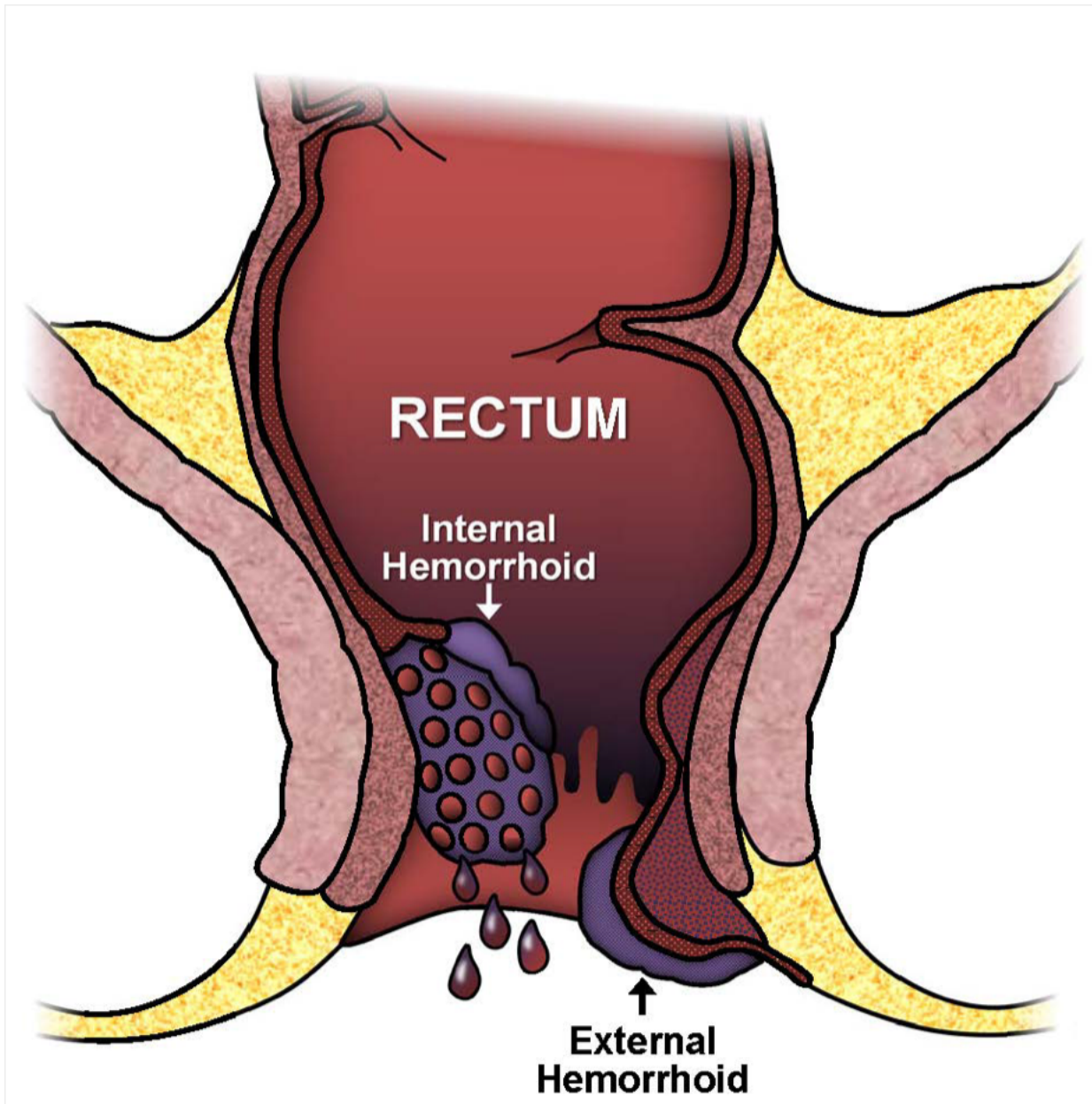
- a: superficial fistula**
- b: intersphincteric fistula**
- c: transsphincteric fistula**
- d: suprasphincteric fistula**
- e: extrasphincteric fistula**



Most times we can open up a superficial fistula with a fistulotomy but cannot with the deeper ones (b-e). These require more complicated surgical care. Luckily Type A is more common, beginning for some unknown cause in the deep glands of the anus.

Sometimes this can result from surgery as a complication, without meaning to.

Now, turning to the most likely common cause of your bleeding, swelling and prolapse or pain ... hemorrhoids.



People often think that if they have one on the outside, they have only that one and not one the inside; that caused the outside one in the first place. Not true! ... in most cases.

There are no natural therapies to make hemorrhoids reliably disappear. They can only make them feel better or bleed less while you are taking them (micronized flavinoid) VENIXXA, and creams.

They can bother you lots less if you become less constipated or especially after giving birth. Psyllium (METAMUCIL) or Inulin (FIBRECHOICE/BENEFIBRE) can help in the short and long term.

Other supplements like stool softeners can help too. Some hemorrhoids do disappear when you consume a higher fibre diet and no matter what, you should ensure that your diet lifestyle is modified to prevent constipation in the long term.

So again, Hemorrhoids can be *internal and external*. The ones outside are caused by the ones inside. The ones outside come as floppy skin tags or as nasty fat, bulbous ones full of blood vessels. Both types can be troublesome.

Just cutting skin tags off is not recommended as we will explain, but is possible in some cases. When they are not closely related to internal hemorrhoids and are soft like the skin on the outside of your elbow we can remove them separately. These wounds are sometimes left open generally after surgery, and recur frequently immediately or a long time after surgery. They can be painful and bleed after surgery. These removals are fully covered by your provincial health insurance (OHIP). Minimally invasive surgical (MIS) techniques are available and tend to hurt less and are not covered procedures under OHIP and most supplemental plans.

Generally, when they are connected obviously after examination, we try to treat the entire anus as necessary, sometimes requiring surgery, removing both the internal and external hemorrhoids. This is the most effective, both in the short and long term, treating current symptoms and preventing recurrence. This is covered under your provincial health insurance plan.

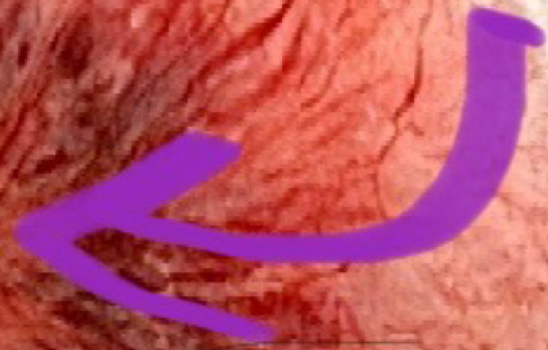
INTERNAL/MIXED (inside/outside or both) HEMORRHOIDS WHAT ARE THEY & WHAT ARE THE OPTIONS?

We know that they are dilated expanded blood vessels of arteries and veins; generally we need a camera to examine things, internally, properly (Flexible Sigmoidoscopy) the black tube with the camera is in the rectum (above your anus) and is turned back on itself looking as the stool/feces would see on it way out of your rectum, through your anus:

View of lower rectum
and top of the anus

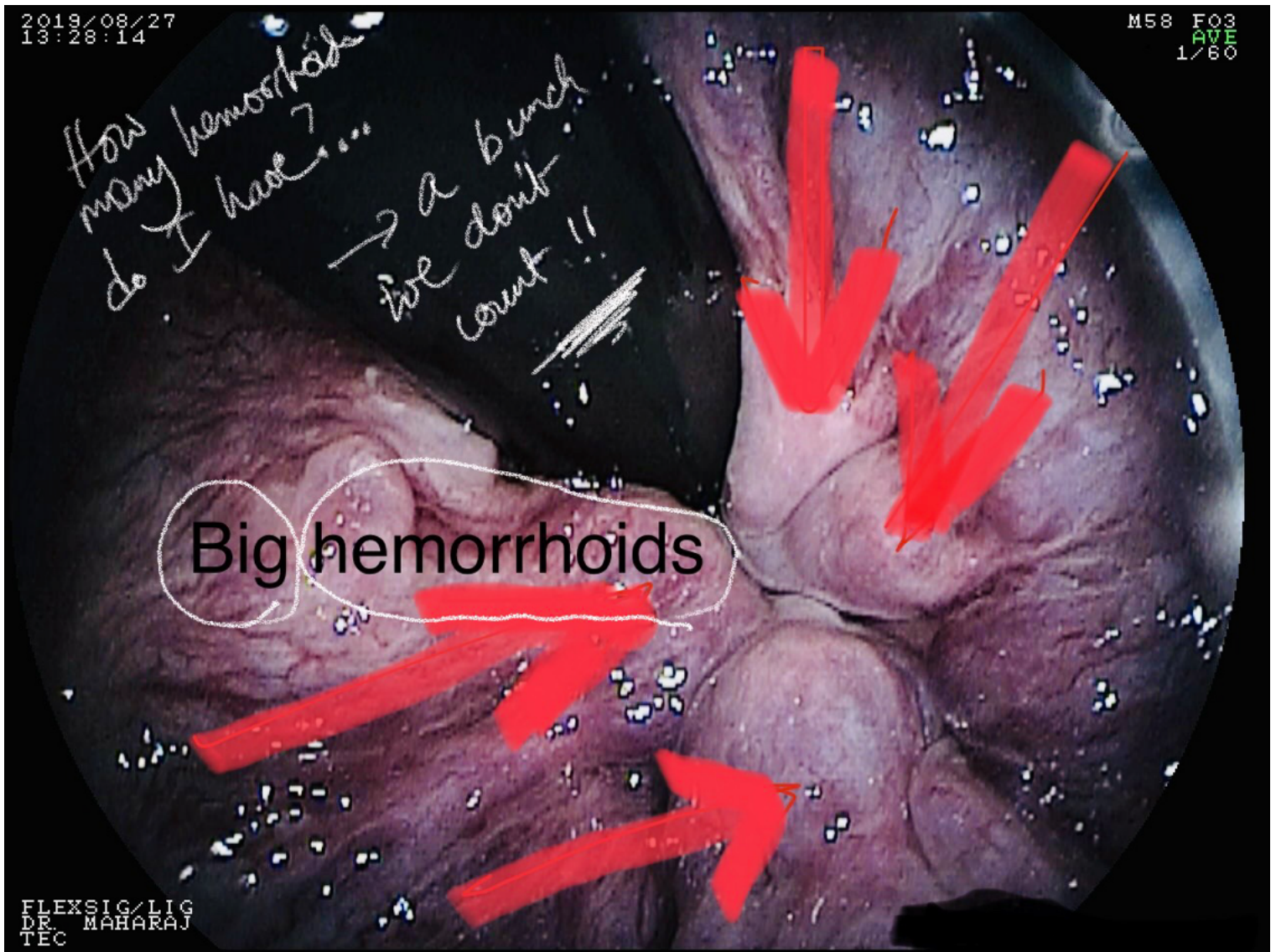
LI
G
F 73
08-11-1947
30-08-2021
08:34:30
CVP:A1/4
C:N H:A4

Almost no
hemorrhoids



No connect PC!

Physician:
Comment:



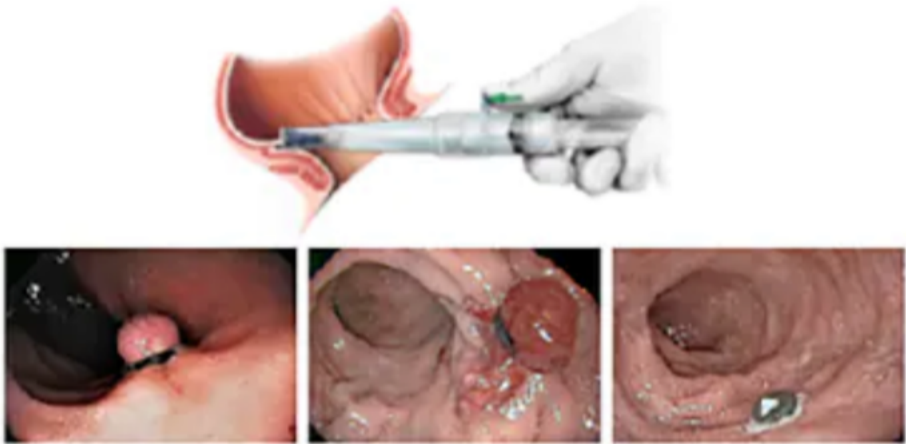
These are internal or mixed (inside and outside) hemorrhoids; a collection of numerous dilated blood vessels both inside the anus and out. Conservative treatments like rubber-band ligation and cryotherapy or endoscopic hemorrhoidectomy (new!! not likely or very painful) or more aggressive definitive cutting treatments like a Ferguson (FH) or Milligan-Morgan (MMH) hemorrhoidectomy, the 'cutting out', traditional operative approach to symptomatic hemorrhoids, are offered to patients. All of these options covered by your provincial health insurance program like OHIP.

You should be assessed first and perhaps treated conservatively at first with a short look inside and conservative initial treatment as outlined below 📌. Firstly you must understand that:

The severity of complications generally is due to the site, how high up inside the anus you procedure is and the severity of the trauma involved in the surgery you end up having. In other words the more cutting of tissue that is done on the anus the more it tends to hurt, swell, and bleed 🩸 and for longer. The less cutting you have the less complicated and lesser severity and duration of complications one tends to have.

1:

Banding procedure ✕



Banding device inserted into distal rectum


In rubber band ligation, the banding device is inserted into the distal rectum and the rubber band deployed over hemorrhoidal tissue. The resulting ulcer will eventually scar.

This is a picture below of an internal hemorrhoid that has been banded just above the hemorrhoid so it's not painful (most times) to try to make it shrink 🙌



The hemorrhoid that was treated, hopefully will swell, the band will eventually fall off and the hemorrhoid will scar down. This works fairly well, to effectively treat your symptomatic hemorrhoids; you may require multiple treatments as your hemorrhoids are on both sides and sometimes go all the way around.

Complications:

- This technique as all techniques are prone to recurrence and tends to treat the whole problem only partially. You likely will need more than one treatment or perhaps surgery to try and fix your problem more permanently in about 20-50% of cases.
- Extremely rarely you may get very sick and require hospitalization, to treat infection like fistula or abscess either to help to urinate or bleeding
- Infrequently you may have mild to moderate and very rarely severe or prolonged pain, bleeding  and swelling of your anal tissues after such procedures.
- No surgical procedure is perfect, unfortunately and regrowing or incomplete treatment of hemorrhoids is high.
- You will have a twinge of pain sometimes when this is treated.

We can treat your hemorrhoids conservatively too by using an advanced operation that is significantly less painful, ENDOSCOPIC HEMORRHOIDECTOMY (EH):

This is one where we, through an endoscope cut and remove hemorrhoids:

We recently presented this ground breaking technique at the European Society of Coloproctology 2022:

Main Abstract

Proctology

ESC22ABS-1859

ENDOSCOPIC REMOVAL OF SYMPTOMATIC HAEMORRHOIDS: THE SAFETY AND SUCCESS OF PROXIMAL ARTERIAL INFLOW OF THE VASCULAR CUSHION

Ashwin Maharaj^{1,2,3}, Aneesh Kapoor⁴

¹Surgery, Thornhill Endoscopy Centre, Thornhill, ²Surgery, The Clinic at Beverly Hills, ³Surgery, North York Endoscopy, Toronto, Canada, ⁴The Royal College of Surgeons in Ireland, Dublin, Ireland

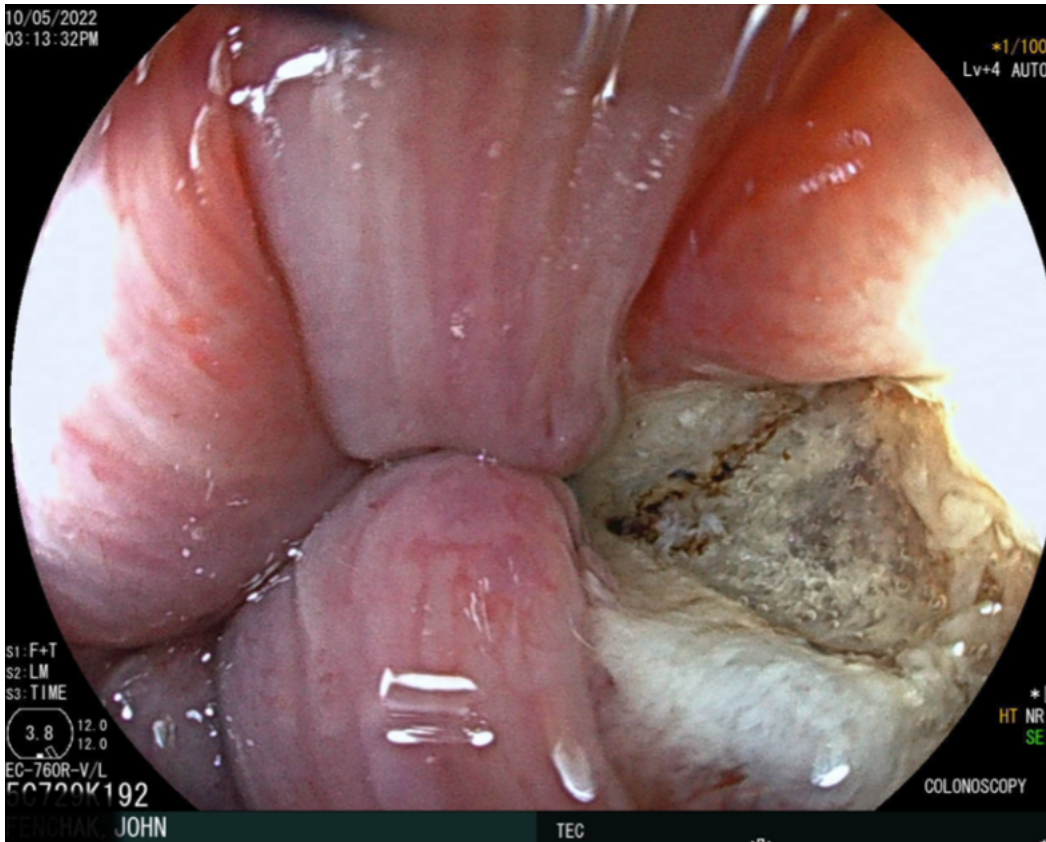
Aim: Rubber band ligation efficacy rates are lacking in comparison to excisional or minimally invasive hemorrhoid surgery; the gold standard are effective but costly time-consuming surgical procedures. Endoscopic, proximal haemorrhoid removal endoscopically is likely to be safe, effective and cost-effective. We describe a single operator, double centre experience of over 200 cases.

Method: We collected data from 232 patients who complained of significant haemorrhoid symptoms who were seen and treated at the completion of their endoscopic survey. Patients who had significantly prominent internal haemorrhoids internally prolapsing inwards, above the anorectal margin or high in the anal canal were treated with multiple applications of snare/cautery with first short burst cutting current then alternating coagulation and cutting current applications until the trapped haemorrhoidal tissue was excised, and submitted for pathology. They were discharged on a low-residue diet for 2 days with sodium docusate stool softeners, medicated suppositories and diosmin for two weeks.

Results: Patients had between 1-5 prominent proximal columns excised per patient, pathology confirmed. 6 patients required short term narcotics (<5 days). No patients had severe bleeding or pain or other complication that required care subsequently. These patients are being followed up post-operatively to confirm and determine efficacy, complication rates and patient satisfaction. 8 cases of the advanced Grade 3 or minor Grade 4 prolapsed disease seen at the time of endoscopy disappeared post procedure.

Conclusion: Initial data reveals this technique to be an effective and safe procedure. We anticipate that this direct and easily performed procedure at the completion of an endoscopic survey will be shown to be a novel, effective, cost-efficient and durable treatment in the management of symptomatic haemorrhoids of a major proportion of haemorrhoid sufferers who seek definitive treatment.

Disclosure of Interest: None Declared



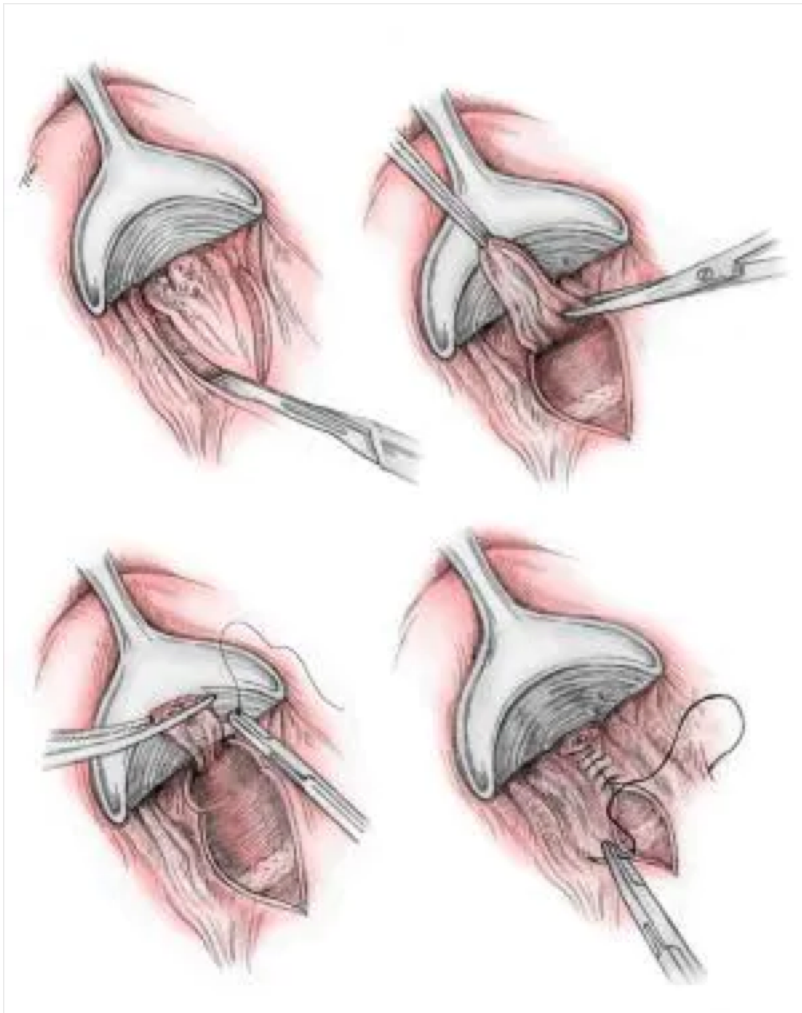
This technique remarkably has the about the same incidence of bleeding, pain, swelling and prolapse both severe and mild compared with rubber banding and likely will yield better results, when studies are performed to compare them.

Complications:

- This technique as all techniques are prone to recurrence and suffers from same problems with most techniques like RBL and cutting surgery; it only partially treats the whole problem. You likely will need more than one treatment or perhaps more removal or other surgery to try and fix your problem more permanently.
- Extremely rarely you may get very sick and require hospitalization, to treat infection like fistula or abscess either to help to urinate or with infection or bleeding.
- Infrequently you may have mild to moderate and very rarely severe or prolonged pain, bleeding 🩸 and swelling of your anal tissues after such procedures.
- No surgical procedure is perfect, unfortunately you may need further treatment. We are repeating ourselves here for emphasis!
- You will have some slight burning pain and discomfort usually afterwards when hemorrhoids are treated in this way.

Traditionally surgeons cut out things that are problematic for patients:

HEMORRHOIDECTOMY:



Complications:

- No surgical procedure is perfect, unfortunately. This technique as all techniques are prone to recurrence (or inadequate treatment of all significant disease) and suffers from same problems with most techniques like RBL EH and cutting surgery; it only partially treats the whole problem. We have to ... because we can cause very difficult problems if treat everything we see.....
- You likely will need more than one treatment or perhaps more removal or other surgery to try and fix your problem more permanently. You likely will need more than one treatment or perhaps surgery to try and fix your problem more permanently. With this surgery we intentionally do not cut out all of the hemorrhoids we see because we can unintentionally

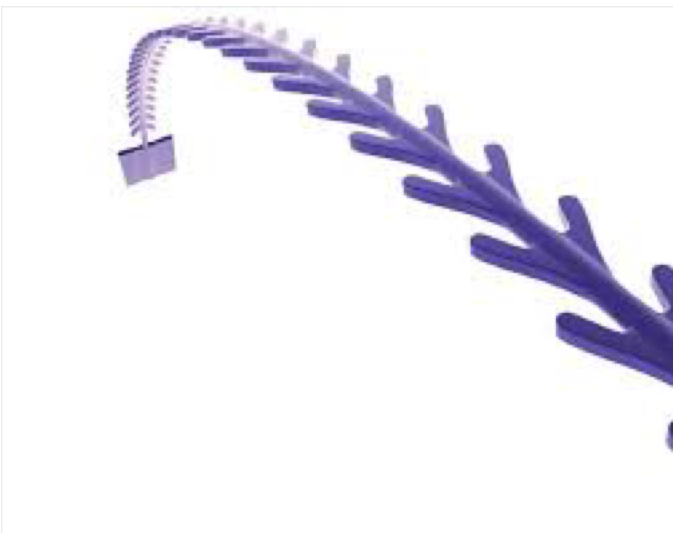
cause tightness or stenosis or rarely incontinence.

- Extremely rarely you may get very sick and require hospitalization, to treat infection like fistula or abscess or to help you urinate or with infection or bleeding
- Infrequently you may have mild to moderate and very rarely severe or prolonged pain, bleeding 🩸 and swelling of your anal tissues after such procedures.
- Severe pain is fairly common. We will give you strong pain medicines at the time of surgery and prescriptions for it afterwards.
- Doing too much cutting can in a small number of cases unintentionally cause a tightening of the anal canal (stenosis) making it too tight. Special advanced in hospital anoplasty surgery can sometimes be necessary to fix it.
- Very rarely too, one can have fecal incontinence as it disrupts the nerves that allow one to distinguish gas from solid where you can lose control over your bowels. This is usually temporary.

3:



We, uniquely, offer a minimally invasive plastic surgical approach of dealing with hemorrhoids by using *a laser to ablate, shrink the internal hemorrhoids (LHP) and moving, rather than cutting the internal hemorrhoids upwards, away from the outside upwards into the rectum (THD). (LHP/THD/HAL/Anolift/ELITE).*

Advanced sutures (unidirectional) and plastic surgical techniques are used to tie off feeding blood flow into the hemorrhoids and moving them deeper into anus.



Deeper means less symptoms outside: bleeding, pain, swelling itching, feeling of tenesmus (needing to go and evacuate but nothing is there)

This two pronged approach is very successful in taking care of **most** hemorrhoid sufferers and it allows us to treat **everything** we see !!! Big difference from previously we can only partially treat the whole problem!

Britons  in the UK, Europeans and other in the far east have been offered these technologies and techniques for over 20 years; in fact Dr. Maharaj learnt this technique 6 years ago from Colorectal Surgeons in England , and LHP from experts in Portugal  recently as well. He is a certified trainer of other surgeons in Laser Hemorrhoidoplasty:



Dr. Ashwin R. Maharaj, BSc MB BCh FACS is at ...
Hospital Lusíadas De Albufeira.


Jun 25, 2022 · 🕒 · Albufeira, Portugal · 🌐



Learnt a new skill-Laser Hemorrhoidoplasty for Symptomatic Hemorrhoids

June 25, 2022 at Hospital Lusíadas De Albufeira



We use Health Canada  approved laser equipment and have cared for numerous hundreds patients from all over Canada and even from abroad!!! We do this successfully in this way using these techniques since then.

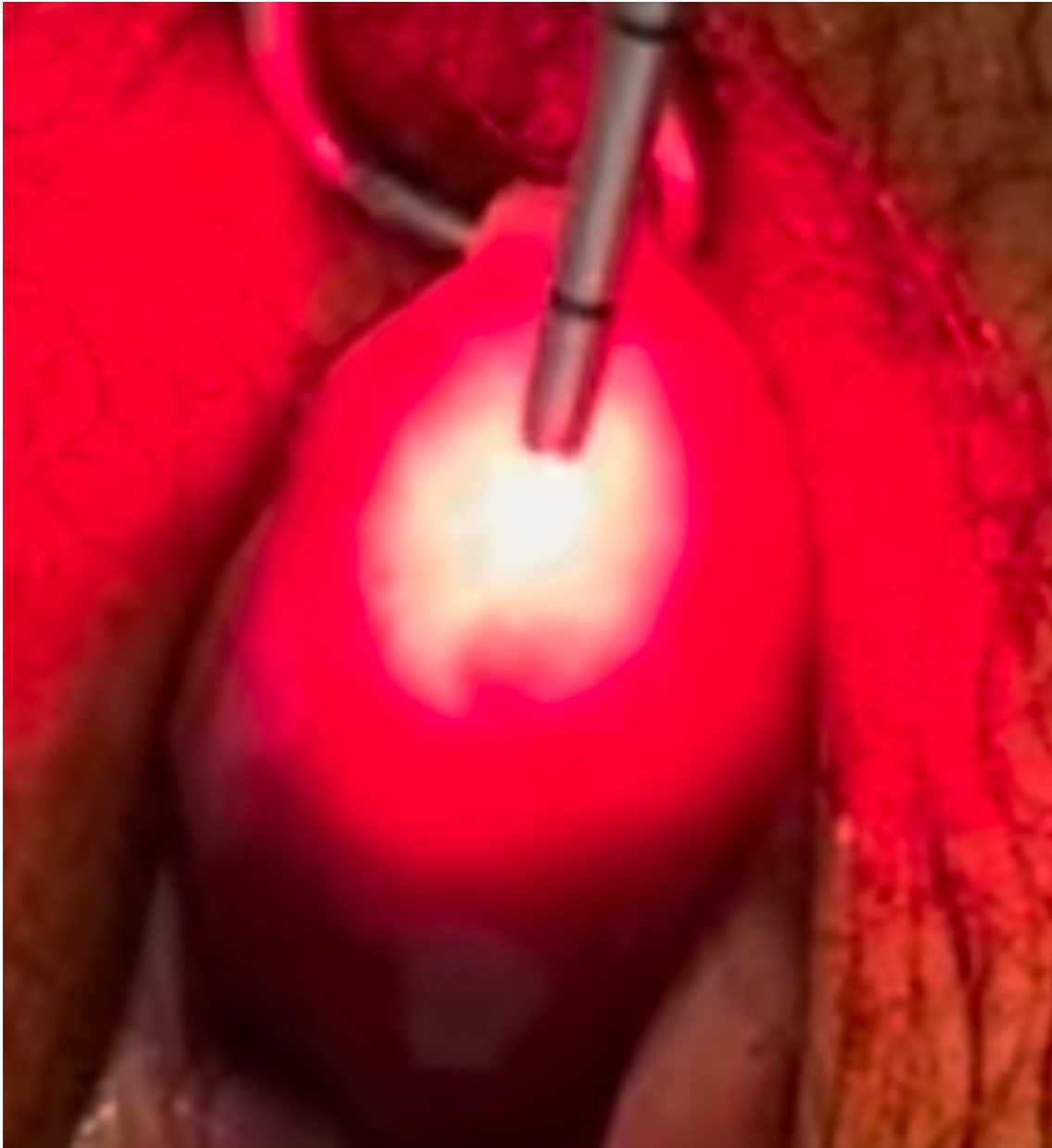
We generally don't require cutting out surgery, when using this minimally invasive techniques (MIS), resulting in less trauma to the anus that will be required to function and pass stool through it within a couple of days after surgery. The nerves are preserved as much as possible and generally not interfered with much. This means a more rapid return to usual activities, no incidence of incontinence; sitting and standing comfortably and even lifting heavy weights.

LHP (Laser Hemorrhoidoplasty) ablates the tissue as described from the inside and not from the outside by cutting. They then scar down over time in this new deeper position. We encourage the scars to form high up in the anus and more desirably in the low rectum. There is no or minimal cutting.



Laser beam
instantly
shrinking hemorrhoid
leaving nerves
intact!





- This technique as all surgical techniques are prone to recurrence or even failure. No surgical procedure is perfect, unfortunately. You may need more than one treatment or perhaps further surgery to try and fix your problem more permanently. This is rare though with only about 5-10% of patients needing this depending on your severity of disease. This is much less than the other techniques described previously; RBL or EH or cutting surgery FH/MMH. This requires a quick endoscopic procedure to fix at a later date rarely very requiring laser or other advanced surgery.
- This technique however offers the most complete of all hemorrhoid care all at once, because

it preserves the skin overlying them with nerves intact. **We can go after all the hemorrhoids we see.** This is the main reason why such a rapid return to normal activities and the most complete treatment of hemorrhoids is possible in most cases.

In advanced diseases surgeons who have minimally invasive training and experience can approach your situation with one or more techniques, LHP and THD. as necessary. **No single technique takes care of everything, all the time.**

An experienced minimally invasive trained surgeon in LHP/THD can do a more minor redo mucopexy or laser treatment later or Endoscopic Hemorrhoidectomy (EH) to lift up or ablate the ones that don't move with the initial operation. As mentioned above sometimes we utilize both, a hybrid approach cutting surgery and MIS at the initial operation.

Complications and Risks:

- **Generally, all surgery on the anus tends to leave one with varying degrees of pain, bleeding, burning discomfort, difficulty with urination, inability to pass stool due to stenosis or tightness. Much of this temporary, and extremely rarely are these persistent and long lasting. The vast majority of patients have a marked increase in the quality of life with a moderate to large reduction in the symptoms.**
- **Very rarely one can suffer incontinence, infectious complications like abscess and fistula, a tunnel between the inside and the outside of your anus and extremely rarely sepsis. Sepsis is a very rare serious complication that can occur that requires intensive care in hospital.**
- **Very rarely one can suffer incontinence, infectious complications like abscess and fistula, a tunnel between the inside and the outside of your anus and extremely rarely sepsis. Sepsis is a very rare serious complication that can occur that requires intensive care in hospital.**
- **Bleeding, and the need for repeat surgery is also a possibility, about 5-10% of the time as mentioned above.**

So for example one can estimate, all other things being equal, you might spend about a third to half as much time off work and in pain. For Grade 3/4 hemorrhoids then one can expect at least 4-12 weeks unable to do usual activities with extensive cutting surgery. Patients with similar disease in our experience 1-2 weeks generally of trouble with non cutting surgery.

However, not all patients qualify for LHP/THD. You may be assessed first and perhaps treated conservatively at first with a short look inside and a tying off or endoscopic removal of the bag of blood vessels, the hemorrhoid.

You can ask your family physician or walk-in clinic doctor to fax a referral to Dr. MAHARAJ @ [416.250.5888](tel:416.250.5888)

The initial assessment for hemorrhoids is OHIP covered and involves a look inside with a flexible camera, and perhaps an attempt at treatment with the application of a rubber band or removal through the endoscope.

If you're from out of town. We can make an assessment by phone and perhaps arrange tentative complete one visit care specifically for you. This can allow to travel back home by car the same day or fly back home the following day.

Fergusson Hemorrhoid removal surgeries are covered by OHIP; LHP/THD surgery is not covered by provincial (OHIP in Ontario) insurance plans.

Generally the fee for single stage LHP surgery is \$1500 - \$7000, anaesthesia fees included. (Approximately \$600 of additional fees are covered by your provincial insurance provider). Be aware if the assessed fee is out of your budget for the surgical care you can afford, we can still work to provide you with advanced options within your budget. Let us know your budget and we can almost always work to provide you with the worlds most advanced care. We just may not be able to complete the surgical procedure, where you are more likely to need a repeat operation later, but at least some or most of the hemorrhoids present can be dealt with using this advanced technique.

A \$500 in some cases, refundable* fee is paid to the clinic at the time of booking non-cutting Advanced surgery. The remaining fee is to be paid in full 1 week before surgery. In 5-20% (depending on the severity of the disease) of patients repeat reoperative non-cutting surgery can cost up to \$2400. The same clinic fees apply. Any reoperative cutting surgery is covered by OHIP. Only a small proportion of our cases require a repeat laser procedure; ~1-2% of patients.

All consultations/endoscopy/cutting surgery, hemorrhoidectomy costs are covered for you under your provincial health insurance plan (like OHIP), if you are eligible and have a valid non- expired OHIP card.

Non-OHIP consultations at billed at \$200. Please send the fee before the consultation by Interac to info@proctocan.com

There are no taxes, and these above fees are deductible as a tax credit from your taxable income. Generally these fees are **not** covered by most insurance. Some 'all inclusive' ones do cover these

fees, however. The fees for laser surgery are based on how much laser procedure time we estimate in the performance of your surgery.

All the necessary information you need to submit to your insurance provider is available for download on our resources page at the top right hand corner of our website page.

Firstly, has your doctor faxed a referral? If not please have one sent to the fax number (Fax: [416.250.5888](tel:416.250.5888)) as soon as possible. Without this step, as specialists we are unable to see you, unless you are from abroad. A virtual visit is available if you don't have ready access to a family doctor:

<https://rocketdoctor.ca/>

Secondly, you can have a relaxed chat with our lead surgeon, Dr. Maharaj's team regarding your situation as he can do a Zoom consultation and can do one when suitable for you? We could set something up within hours/days.

Here is a link to lots of information to help you understand this advanced surgical offering in Canada 🇨🇦 without cutting 😞

https://www.dropbox.com/sh/haxjnrw2ncp1asq/AABlpgOuuir_26vE_JH2ZKQwa?dl=0

[Laser Hemorrhoidoplasty Procedure vs Open Surgical Hemorrhoidectomy: a Trial Comparing 2 Treatments for Hemorrhoids of Third and Fourth Degree](#)

<https://youtu.be/RU2PHNPfVXk>

Make an appointment now, to make you life better! We look forward to helping you feel better ... we are experts!! Click below to see what others say of our doctors care:

[Dr. Ashwin Maharaj, BSc MB BCh FACS](#)

We are conducting a web online seminar hosted by Dr. MAHARAJ. This requires registration. We will forward registration instructions to you.