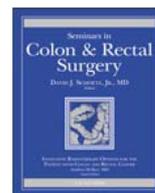




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Editorial

Minimally invasive proctologic procedures [MIPP]: the quest for less pain, safer surgery, and faster recovery



It is a privilege to serve as the guest editor of this special issue of *Seminars in Colon and Rectal Surgery* along with our editor-in-chief, my colleague Dr. Thomas Read. We have dedicated this publication to *Advances in Proctology: Hemorrhoids, Fistula, Fissure, and Incontinence*. We have assembled a diverse list of relevant and timely topics and we have asked a group of international experts to provide a concise review of the most updated literature on new advances in this field.

Proctology, a branch of medicine dedicated to evaluating and treating conditions of the anus and rectum, has generated immense interest since the early days of ancient Egypt and Greece.^{1,2} And since then, every historical era including that of the Romans, the Byzantines, the Arabs, Medieval and Renaissance Europe, Europe of the 17th and 18th century, and more recently the modern era of North America has witnessed a steady development and growth in this unique specialty.^{1–4} The last century has witnessed a gradual metamorphosis of this field in order to broaden the conditions treated to include diseases of the abdomen and large bowel triggering the evolution of the discipline of colon and rectal surgery.^{5,6} The rapid progression of this new specialty, especially in North America, was prompted by several successful initiatives to standardize and broaden the training of a new generation of surgeons, by the exponential growth of scientific research contributions, and the introduction of a spectrum of new technologies in endoscopy and minimally invasive surgery. However, despite the phenomenal and dynamic progression of the field of colon and rectal surgery, the interest in proctology remains robust driven by the prevalence of diseases of the anus and rectum and the specialized knowledge and skills required to successfully manage patients.^{7,8} I have often mentioned to medical and surgical colleagues that the anus remains the “orphan child” of the human anatomy with a minority of physicians and healthcare providers possessing enough basic knowledge in this area to feel comfortable managing patients with proctologic disease. This fact was reinforced by a finding a few years back. In 2007, while serving as the associate editor of the *Permanent Journal* (the official journal of the American organization Kaiser Permanente, a scientific publication accessible electronically free of charge by readers from over 160 countries), I contributed 2 articles on hemorrhoids and anal fissure.^{9,10} Much to the surprise of the editorial board (but I must say to my delight!), these 2 articles providing basic knowledge to a general readership consisting mostly of primary care physicians, general practitioners, general surgeons, gynecologists, and nurses, ranked high for a long time on the list of the top 10 most widely accessed and read articles globally. Considering the wide spectrum of conditions treated by physicians, such observation reconfirmed my belief of the significance of proctologic disorders due to their universal

common prevalence and the need for our specialty to disseminate knowledge and raise awareness about diagnosis and management.

While a minority of proctologic disorders can be life threatening (such as a necrotizing infection of the perineum or carcinoma of the anus), most proctologic conditions such as hemorrhoids, fissure, and incontinence are a nuisance with various degrees of negative impact on quality of life at the physical, emotional, and social levels. Fortunately for the majority of patients encountered in the proctology clinic, the symptoms are transient and can be managed conservatively with the aid of ointments, pills, bulking agents, laxatives, and dietary/lifestyle changes. However, patients who present with severe or recurrent symptoms or those with disorders such as anal fistula often require surgical intervention. The goal of any surgical procedure remains three folds: to eradicate the condition or significantly improve its symptoms, to preserve continence, and minimize the intraoperative and postoperative morbidity associated with any operation. While historically the main goal of proctologic surgery was eradication or control of disease, the aim of intervention in modern times is to achieve to the greatest extent possible the three goals stated above. Furthermore, the expectations of an increasingly medically literate and demanding population are to attain these goals with the least amount of pain, least trauma, and fastest recovery. Indeed, we are often confronted in clinic by various questions or statements such as “Is this going to hurt?”, “I can’t miss much time from work”, “I don’t want any damage to my sphincter muscle”, or “my symptoms will permanently resolve, right?” Furthermore, the usual postoperative recovery of two to four weeks following a standard proctologic operation is often frowned upon by many patients who voice their desire for a quicker recovery.

Driven by the quest for the ideal surgical interventions for proctologic disorders, partly in response to patients’ needs and expectations and partly due to modern technological advances in medicine and surgery, the last two decades have seen the introduction of various new techniques. It is important to note that this new generation of procedures do not necessarily aim to increase the overall success rate of traditional operations but to provide safer and less invasive options for patients. Take for instance the surgical management of hemorrhoids which has seen the implementation of new techniques such stapled hemorrhoidectomy, transanal hemorrhoidal dearterialization, transanal open hemorrhoidopexy, and laser hemorrhoidopexy.^{11–14} Similarly, the spectrum of interventions for anal fistula has grown to include the anal fistula plug and glue, the LIFT procedure (ligation of the intersphincteric fistula tract), VAAFT, and laser fistula treatment.^{15–19} While some of these new techniques such as the anal fistula plug have already faded due to low success

rate,^{20,21} others have emerged as viable alternatives to traditional operations based on the merits of good results and/or because of their potential as a stepping platform for the development of the next generation of innovations.

Finally, I wish to state that with this paradigm shift towards less invasive approaches and faster recovery, it may be time for a change in our proctologic terminology. While we have traditionally referred to proctologic interventions as surgical operations due their invasive nature and creation of wounds, this newer generation of less traumatic procedures would perhaps qualify for a newer terminology and can be grouped under Minimally Invasive Proctologic Procedures or MIPP. With that spirit in mind, I hope you enjoy reading and learning from this issue on advanced proctology and MIPP as much as I did.

Maher A. Abbas, MD, FACS, FASCRS

Guest Editor

Dubai Colon and Rectal Surgery Clinic, Dubai, United Arab Emirates

E-mail address: drmaherabbasmd@gmail.com

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