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PURPOSE OF THE STUDY
To document the preliminary outcomes of safety and efficacy when using the HET™ Bipolar System on Grades I and II internal hemorrhoids

METHODS
• Analysis of medical records of 23 patients treated with the HET™ Bipolar System at Mercy Medical Center in Baltimore, Maryland from August 2011 through February 2013
• Patients with mild, moderate, or severe actively bleeding grade I and grade II internal hemorrhoids were treated.
• Patients who needed therapeutic anticoagulation, had an underlying bleeding disorder, or a platelet count < 50,000 platelets were excluded.
• After the procedure all patients were discharged and returned to clinic one month later. Follow up phone calls occurred at 3, 6, and 12 months post procedure.

PATIENT CHARACTERISTICS
• 13 female, 10 male, mean age of the patients was 64.3 (range 44-79 years).
• All patients had actively bleeding hemorrhoids at baseline prior to treatment: 8 patients had mild bleeding, 7 patients had moderate bleeding, and 8 patients had severe bleeding.
• 11 patients had grade I hemorrhoids and 12 patients had grade II hemorrhoids.

RESULTS
• None of the 23 patients treated with HET™ Bipolar System reported hemorrhoidal bleeding or prolapse at the average follow up of 11.2±4.7 months.
• Of the five patients who were treated without sedation, none complained of pain or rectal discomfort during the procedure.
• All patients denied pain or discomfort after the procedure and no patients asked for analgesics post procedure.

LIMITATIONS
• Study was single-arm, single center, retrospective and included a small number of subjects.

CONCLUSIONS
• Effective treatment with HET™ Bipolar System may require only 1 therapeutic session.
• Hemorrhoid Energy Therapy using the HET™ Bipolar System can be performed quickly and easily with minimal pain or discomfort to the patient.
• HET™ Bipolar System is safe and demonstrated resolution of bleeding and prolapse of grades I and II hemorrhoids after an average of 11.2 months follow up.

### Additional Analgesics
<table>
<thead>
<tr>
<th>With sedation: n=18</th>
<th>PAIN, n (%)</th>
<th>BLEEDING, n (%)</th>
<th>PROLAPSE, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without sedation: n=5</td>
<td>Additional Analgesics</td>
<td>Complaints of Pain or Discomfort</td>
<td>Mild</td>
</tr>
<tr>
<td>Baseline</td>
<td>Not reported</td>
<td>Not reported</td>
<td>8 (35)</td>
</tr>
<tr>
<td>Post HET™ Treatment</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>Not reported</td>
</tr>
<tr>
<td>Follow Up (11.2 ± 4.7 months)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>Not reported</td>
</tr>
</tbody>
</table>

*There was no difference in pain, bleeding, or prolapse between sedated and non-sedated patient groups.*