



Letter to the Editor

Risks of anal intercourse after longo stapled hemorrhoidopexy



Riscos da relação anal após hemorroidopexia grampeada de Longo

Dear Editor,

We describe this case of a middle aged homosexual male patient with severe internal hemorrhoids. This patient was presented at our department for a Longo stapled hemorrhoidopexy. Generally the Longo procedure is chosen in our department above the open Milligan-Morgan hemorrhoidectomy due to faster recovery, less residual pain after the procedure and proven to provide similar results on long term.¹ Unfortunately, there are little data available of the fate of the staples in the anal canal. It is supposed that most of the staples are covered by mucosa or fade out after a few months. During this healing process, anal intercourse is discouraged as penile injury or condom rupture are described.² The length of the healing process is estimated on a few months in literature. As Kekez³ already reported these staples line remain visible on X-rays and anoscopy 12 months after the procedure and therefore suggested a permanent risk for condom and penile injury. Beside the possible physical injury of the genitals, the potential transfer of Sexually Transmitted Diseases (STD) cannot be ignored. Another potential problem is the limited diameter of the stapler. As general surgeons, we occasionally notice larger diameters of the rectum and anal canal due to repetitive insertion of objects. These dilated anal canals can be treated with the Longo technique but the residual scarred ring could be injured in future insertions of objects with the possibility of rectal and anal rupture. These risks were discussed with the patient and there was chosen for a conservative non-surgical treatment. We assume not all physician feel comfortable asking their patients about their sexual preference in the informed consent, and therefore this possible complication and future sexual limitation is ignored. This sub-

ject is not only taboo in the consultation room, but also in literature.

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