

**FREDERICK
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I trained with a closed hemorrhoidectomy. A closed hemorrhoidectomy is basically excising the hemorrhoid. And you can really do it with any device. You can even do it with a THUNDERBEAT device. You basically excise the hemorrhoid sharply, and then you put a stitch in the pedicle. And then you run that stitch to close. You close the entire hemorrhoid.

I used to do them that way. I felt that I'd end up with skin tags after I got done. I just wasn't completely satisfied. They tended, a lot of times, to come open. They'd get infected, and they'd come open anyhow. So you basically converted an open hemorrhoidectomy in the first place.

So when I started practice, I started with closed hemorrhoidectomies and just started to see some skin tags, and then switched over to an open hemorrhoidectomy. When I started doing an open hemorrhoidectomy, again, I used the competitor's device. I wasn't completely happy with how it sealed the pedicle. So I would tend to stitch the pedicle. I'd do kind of a partially open hemorrhoidectomy. I'd close down to the dentate line and then leave the outside part of the hemorrhoid open. And that seemed to work very well.

Now that I've found a device that seals better, I use the THUNDERBEAT now. Now that I've found a device that seals better, I'm much more comfortable leaving the whole hemorrhoid open. I think the patients get a little bit less pain that way. I'm not sure whether that's really true or not. But at least it seems that they're a little less painful if I don't put stitches in. And it's very hemostatic. I've not had any bleeding problems early on.