JSCP-KSCP Symposium

2026年11月20日(金) 8:30 ~ 9:50 | 第5会場（1F 会議室102）

JSCP-KSCP Symposium 1　Which Procedure for Which Patient?

Moderator: Soon Sup Chung (Ewha Womans University, Korea), Toshiki Mimura (Jichi Medical University Hospital, Japan)

[JKS1-1] Stapled Hemorrhoidopexy ： Korean Style

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Stapled hemorrhoidopexy (SH) was first introduced as the Procedure for Prolapse and Hemorrhoids (PPH) by Dr. Long in 1998. Based on the concept of circular stapled hemorrhoidopexy, this technique utilizes a circular stapler for mechanical anopexy, which reduces hemorrhoidal volume by interrupting the rectal blood supply. The primary advantages of SH include minimized postoperative pain, reduced operative time, shorter hospital stays, technical ease of performance, and an accelerated return to normal daily activities. Conversely, its recognized disadvantages comprise a higher recurrence rate compared to conventional hemorrhoidectomy, limited efficacy regarding external hemorrhoids, and postoperative symptoms such as foreign body sensation and proctalgia. Following its introduction to South Korea in the early 2000s as a breakthrough surgical method, SH expanded from select large-scale hospitals to widespread proctological clinics after receiving national health insurance coverage around 2010. Through two subsequent consensus meetings, clear clinical indications for SH optimized for the Korean anthropometric profile—as distinct from Western populations—were successfully defined, and guidelines were established to prevent acute and chronic complications. Consequently, ongoing research continues to advance toward tissue-selective therapy (TST), partial stapled hemorrhoidectomy (PSH), and hybrid operations.
In conclusion, the risk of complications can be significantly mitigated through meticulous surgical technique and precise patient selection. To attain the best possible clinical outcomes, surgeons must be adequately and appropriately trained. Ultimately, SH surgery will continue to serve as a highly viable and sustainable treatment modality for hemorrhoids, contingent upon optimal patient selection combined with individualized surgical approaches.

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