

The HubBLE Trial: haemorrhoidal artery ligation (HAL) versus rubber band ligation (RBL) for symptomatic second- and third-degree haemorrhoids: a multicentre randomised controlled trial and health-economic evaluation

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Declared competing interests of authors: Pasquale Giordano reports personal fees, from THD UK, outside the submitted work, and Paul Skaife is a member of the National Institute for Health Research Health Technology Assessment Elective and Emergency Specialist Care (EESC) panel.

Published November 2016

DOI: 10.3310/hta20880

Plain English summary

The HubBle RCT

Health Technology Assessment 2016; Vol. 20: No. 88

DOI: 10.3310/hta20880

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Plain English summary

Background

There are many treatments for piles (haemorrhoids). In less-severe cases, one treatment is rubber band ligation (RBL), which involves placing a small band around the base of the pile to cut off the blood supply. RBL is a relatively painless outpatient treatment with minimal complications but recurrence is common. Haemorrhoidal artery ligation (HAL) uses a device to locate the arteries feeding the piles, which are then stitched. This procedure takes longer and is more painful but may reduce recurrence. We compared these two procedures to see which was best.

Results

One year after surgery, 49% of the patients had a recurrence of symptoms after RBL compared with 30% of patients undergoing HAL. About one-third of RBL patients, whose symptoms persisted, underwent a further surgical procedure, many having repeated RBL. If patients having further RBL are considered as having a 'course' of therapy then there was minimal difference between the treatments. Most patients initially felt better after surgery, but symptoms returned within the year. Symptom scores, quality of life, continence and complications were similar after both procedures. Those undergoing HAL tended to have more pain but the discomfort was not severe in the majority of patients and resolved by 1–3 weeks after the operation. HAL is much more expensive.

Conclusion

Haemorrhoidal artery ligation reduced recurrence compared with RBL, but these RBL recurrences can often be treated successfully by simple re-banding. A course of RBL, therefore, has similar recurrence rates to HAL. HAL is also more painful in the short term, waiting time is longer and it is more expensive.

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 4.058

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, The Cochrane Library and the ISI Science Citation Index.

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 10/57/46. The contractual start date was in June 2012. The draft report began editorial review in March 2016 and was accepted for publication in July 2016. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health.

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