INTRODUCTION

Haemorrhoidal disease is one of the commonest ailments of mankind. The incidence of haemorrhoids increases with age. Many theories have been postulated to explain the nature and pathogenesis of this disease. Among these are; varicose vein theory, vascular hyperplasia theory and mucosal cushion sliding theory ***(Jensen et al., 1988).***

Among these theories, ***Thompson (1975)*** suggested that haemorrhoids are enlarged anal cushions that are normally present at three nearly constant sites in the anal canal. Different treatment modalities are available for the management of haemorrhoidal disease. Surgery was shown to be the appropriate form of treatment for thrid and fourth degree haemorrhoidal disease. However, conventional haemorrhoidectomy is not uncommonly associated with considerable post operative pain and complication in considerable number of patients ***(Hugh Dudley et al., 2001).***

Longo (1998) introduced a new technique for the treatment of third and fourth degree of haemorrhoidal disease using a circular stapler. The procedure entails circular resection of a sleeve of redundant mucosa using a circular stapler 2 cm above the dentate line. The aim of the procedure is correction ablation of the haemorrhoidal disease, reduction of the blood flow to the haemorrhoidal cushions and re-setting them in their normal position. Moreover, the excision of the prolapsed anal mucosa and submucosa above the dentate line leads to restoration of the normal topographic relationship between the mucous membrane and internal sphincter ***(Rowsell et al., 2000).*** There is numerous non-surgical

haemorrhoidal therapy for treatment of haemorrhoids such as band ligation, injection sclerotherapy, cryotherapy and laser ***(Polglase, 1997).***

Post-operative complications include pain, retention of urine, haemorrhage either reactionary or secondary and other late complications include stenosis, fissure, recurrance and fistula ***(Polglase, 1997).***