



# House Advancement Flap for the Treatment of Post-Hemorrhoidectomy Anal Stenosis: A Video Vignette

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## Introduction

Anal stenosis, commonly occurring as a complication of hemorrhoidectomy, is a rare condition characterized by anatomical stricture or functional narrowing of the anal canal, considerably impacting patients' quality of life.<sup>1</sup> Anal stenosis is categorized by the degree of narrowing into mild, moderate, or severe.<sup>2</sup> Management strategies differ according to severity: mild cases often respond well to conservative measures such as laxatives, dietary adjustments, and lifestyle changes, whereas moderate and severe cases typically necessitate surgical intervention.<sup>3</sup> House flap anoplasty has been identified as an effective approach for severe distal anal stenosis. This video presents a clinical case of anal stenosis following Ferguson hemorrhoidectomy, providing technical insights and procedural guidance.

## Case Report

Here, we present the case of a 40-year-old male patient who was referred to our center with anal pain and difficulty with defecation. The symptoms developed 4 months after an extensive hemorrhoidectomy performed in a single session. On physical examination, severe anal stenosis was identified, with the anal verge measuring approximately 4-5 mm in diameter, insufficient to allow the passage of a small finger. Given the severity of the condition, surgical intervention was indicated, and informed consent was obtained for both the operation and photograph/video sharing.

The patient underwent surgical treatment under regional anesthesia in the lithotomy position. A house-shaped skin flap, measuring 3 cm along the anal margin between the 1 and 5 o'clock positions, was delineated. Following incision along the marked boundaries, an island flap was prepared while preserving its vascular integrity. The narrowing fibrotic scar was incised, and the flap was advanced into the anal canal. The flap was sutured to the anal mucosa using 3-0 polyglactin 910 sutures. A vacuum drain was placed within the flap cavity, and the external wound was closed with 2-0 polyglactin 910 sutures. After completion of the anoplasty, digital rectal examination revealed that the index finger could easily pass through the anal canal. Subsequently, an 18-mm Hegar dilator was introduced smoothly through the anal verge without resistance. The House flap anoplasty procedure was completed without intraoperative complications (Video 1).

The patient was discharged on postoperative day 2 after the removal of the vacuum drain, with no complications reported during hospitalization. At the 3-month postoperative follow-up, clinical evaluation demonstrated complete recovery. Digital rectal examination showed no evidence of recurrence or postoperative complications, and the patient reported being asymptomatic and having normal defecation. Postoperative imaging could not be obtained, as the patient resides outside of Türkiye and was subsequently lost to follow-up. However, a later telephone interview confirmed that the patient remains symptom-free and continues to live without defecatory difficulties.



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House flap anoplasty is a feasible and effective surgical technique for managing severe distal anal stenosis, particularly in patients who develop this condition as a complication of hemorrhoidectomy. Achieving favorable short-term outcomes in flap advancement depends on careful flap preparation, as improper flap design can hinder healing and lead to complications such as flap necrosis, dehiscence, or recurrence of stenosis.

### Ethics

**Ethics Informed Consent:** Given the severity of the condition, surgical intervention was indicated, and informed consent was obtained for both the operation and photograph/video sharing.

### Acknowledgment

This video was accepted as a video presentation for the 20<sup>th</sup> Turkish Society of Colon and Rectal Surgery (TSCRS) Congress will take place in Antalya, Türkiye from 16-20 May 2025.

### Footnotes

#### Authorship Contributions

Surgical and Medical Practices: K.E., O.B., Concept: K.E., Design: K.E., Data Collection or Processing: E.K., Literature Search: O.B., Writing: E.K., K.E.

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**Video 1.** <https://www.youtube.com/watch?v=msQ3dHUVN4s>