Journal of Cardiovascular Disease Research

ISSN:0975 -3583,0976-2833 VOL13, ISSUE 05, 2022

Original research article

HEMORRHOIDS: POST-OPERATIVE COMPLICATIONS AND MANAGEMENT

Dr. Vijay BN

Associate Professor, Department of General Surgery, Shridevi Institute of Medical Sciences and Research Hospital, Tumkur, Karnataka, India

Corresponding Author:

Dr. Vijay BN

Abstract

Haemorrhoids is a pathologic term used to describe an anal cushion that has lost its elasticity and has prolapsed to or through the anal canal. Presumably, the cause of Haemorrhoids is unknown, may be due to erect posture, repeated straining at defecation, sedentary work and diet. Disease is characterized by bleeding, protrusion of mass per rectum etc. In the present study 100 cases were selected on the basis of the simple random sampling technique. The data was collected in a pretest questionnaire pertaining to the study. Analysis was made on the basis percentages, mean values, standard deviation, t-test and proportion/chi-square test of significances. In the present series, 37.0% patients underwent open haemorrhoidectomy, 26.0% patients underwent closed haemorrhoidectomy, 3.0% patients underwent cryosurgery and 3.0% patients underwent band and ligation as in-patients basis.

Keywords: Haemorrhoids, haemorrhoidectomy, cryosurgery

Introduction

Haemorrhoids or piles are certainly one of the commonest ailments that afflict mankind. It is impossible to give an accurate figure for their prevalence. Although many patients present with symptomatic disease, many do not and some never have symptoms. Whether such individuals can be considered to have a disease must remain a moot point [1, 2].

Haemorrhoids have plagued humans since they attained the erect posture. Haemorrhoids is well known disease globally. The word haemorrhoids is derived from Greek word that means blood flowing (Haem = Blood; rhoos = flowing) the word 'piles' come from the latin word 'pila' means a pill or ball. To be accurate, we should call the disease as piles when patient complaints of swelling and haemorrhoids when complaints of bleeding. Italians refer the disease as "Profluvio di Sangue" suggesting an over flow of blood and implying such overflow may be beneficial [3].

The definition of haemorrhoids has changed. Haemorrhoids are not varicose veins, normally there are anal cushions which consist of thick sub mucosa that contains blood vessels, smooth muscle (Treitz's muscle), elastic and connective tissues [4]. Anal cushions can be demonstrated in the fetus and even in the embryo. Haemorrhoids is a

ISSN:0975 -3583,0976-2833 VOL13, ISSUE 05, 2022

pathologic term used to describe an anal cushion that has lost its elasticity and has prolapsed to or through the anal canal. Presumably, the cause of Haemorrhoids is unknown, may be due to erect posture, repeated straining at defecation, sedentary work and diet. Disease is characterised by bleeding, protrusion of mass per rectum etc. [5, 6].

Methodology

In the present study 100 cases were selected on the basis of the simple random sampling technique. The data was collected in a pretest questionnaire pertaining to the study. Analysis was made on the basis percentages, mean values, standard deviation, t-test and proportion/chi-square test of significances.

Each patients had a detailed clinical examination including per rectal and proctoscopic examination. Routine investigations like blood and urine examination and screening of chest done.

The material collected was entered in the proforma made for this study. Haemorrhoids were graded and treated accordingly.

Detailed history of the patient, local examination in every patient done according to proforma. In physical examination significant findings like pallor, are noted, proctoscopy was done to all patients. Under systemic examination respiratory, cardio-vascular, per abdominal examination was done in detail to know any associate disease and to rule out any cause which predisposes to piles.

The diagnosis in each case was made according to given history and physical findings.

Pre-operative evaluation

Pre-operative evaluation and preparation was done in every case before taking up for surgery. Case associated with medical illness like chronic bronchitis, Bronchial asthma, Diabetes mellitus, pulmonary tuberculosis, pneumonia, hypertension, epilepsy and anaemia, were treated accordingly.

Most of the patients were treated under spinal anasthesia, with the patients in lithotomy position, sphincter was widely stretched, proctoscopy will be done. The internal haemorrhoids were then prolapsed by traction on the skin of anal margin. Each haemorrhoidal mass was then picked up with dissecting forceps and traction applied. Traction displays a pedicle above the haemorrhoid. Each pedicle was grasped in a fine pointed haemostat, with a scissors a 'v' shaped cut was made just lower to mucocutaneous junction and the pile masses were separated upto the lower border of internal sphincter. Transfixation ligature was applied to each pile mass and pile masses were excised the wound is dressed by mixing a piece of gauze soaked in lignocaine Jelly (2%) and Betadine ointment (or) a rectal tube will be placed and by application of pad and cotton with T-bandage firmly completes the operation.

Post operatively patients were given L.V. fluids for 8-12 hours then orally. Parenteral analgesics were given for pain and spasm. Sitz bath was given twice daily from 3rd post-operative day. Per rectal examination will be done from 3-5 days after surgery with well lubricated gloved hand.

Cases were followed for recurrence or delayed post-operative complications.

ISSN:0975 -3583,0976-2833 VOL13, ISSUE 05, 2022

Results and Discussion

Table 1: Showing the type of operation done for males and females (in patient basis)

SI. No.	Type of operation	M	%	F	%	P-value	Inference
1.	Open haemorrhoidectomy	29	36.25	8	40	>0.05	NS
2.	Closed haemorrhoidectomy	25	27.5	5	20	<0.05	s
3.	Cryosurgery	8	2.50	2	5	>0.05	NS
4.	Band & ligation	1	1.25	2	10	<0.05	s

In the present series, 37.0% patients underwent open haemorrhoidectomy, 26.0% patients underwent closed haemorrhoidectomy, 3.0% patients underwent cryosurgery and 3.0% patients underwent band and ligation as in-patients basis.

Table 2: Table showing the type of operation given in O.P.D basis

SI. No.	Type of operation	Male	%	Female	%	P-value	Inference
1.	Cryosurgery	9	7.50	3	5	>0.05	NS
2.	Band & Ligation	6	7.50	1	5	>0.05	NS

In the present series, 7.0% patients undergone cryosurgery and 7.0% patients underwent band and ligation on O.P.D. Basis.

Table 3: Post-operative pain

SI. No.	Type of operation	Pain	M	%	F	%	P-value	Inference
1.	Open Haemorrhoidectomy	Moderate to severe	29	36.25	8	40	>0.05	NS
2.	Closed Haemorrhoidectomy	Mild to Moderate	23	28.75	3	15	<0.05	s

P-value <0.05, S-Significant.

P-value >0.05; NS-Not significant.

In the present study, moderate to severe pain experienced by open haemorrhoidectomy patients, mild to moderate pain experienced by closed haemorrhoidectomy patients, which is almost similar on comparison with Chung C.C., Y.P. Tai, W.W.C. Tsang Series.

In the present series, one patient who underwent open haemorrhoidectomy had post-operative bleeding Which was treated by application of pressure pad. This is comparable to Ganio *et al*., series, 2001 [7].

In the present series, No patient had post-operative bleeding after stapled haemorrhoidectomy but in Ganio *et al*., series, 3.0% of cases had post-operative bleeding, this may be due to small sample in the present series [8].

Conclusion

- Haemorrhoidectomy (Milligan-Morgan and Ferguson) is the most widely used method for the surgical treatment and still considered standard method and has stood the test of time.

ISSN:0975 -3583,0976-2833 VOL13, ISSUE 05, 2022

- For the first and second degree haemorrhoids, Rubber band ligation and sclerotherapy is the most favoured out-patient treatment. Cryosurgery is not as popular as it used to be, since patients acceptance seems to be better with rubber band ligation and sclerotherapy.

References

1. Greca F, Hares MM, Nevah E, *et al*., A randomized trial to compare rubber band ligation with phenol injection for treatment of haemorrhoids. British journal of surg. 1981a;68:250.
2. Hemorrhoids, Fissures, Pruritis Ani W, Partick Mazier. MD Surgical clinics of North America, 1994, 74.
3. Hetzer FH, Schafer M, Demartines N, Clavien PA. Prospective assessment of the learning curve and safety of stapler hemorrhoidectomy Swiss surgery. 2002;8(1):31-6.
4. Inderbir Singh, Human embryology, fifth edition, 1990.
5. John Goligher. Surgery of the Anus, rectum and colon. Fifth edition.
6. Ho KS, En KW, Heah SM, Seow-Choen F, Chang YW. Randomized clinical trial of haemorrhoidectomy under a mixture of local anaesthesia versus general anaesthesia. British journal of surgery. 2000;87:410-413.
7. Keighley and Williams. Surgery of the Anus, rectum and colon. Second edition, I.
8. Misra MG, Parshad R. Randomized clinical trial of micronized flavonoids in the early control of bleeding from acute internal haemorrhoids. British journal of surgery. 2000;87:868.

Accepted on 04/01/2022