ORIGINAL RESEARCH

Evaluation of surgical management of haemorrhoids

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ABSTRACT
Background: Hemorrhoids are cushion sinusoids that are believed to be a component of the continence mechanism and help close the anal canal completely while the body is at rest.The present study was conducted to assess surgical management of hemorrhoids, **Materials & Methods:**84 patients of hemorrhoids of both genders were treated with open hemorrhoidectomy (Milligan-Morgan method). Features were recorded. **Results:** Out of 84 patients, males were 44 and females were 40. The common symptoms were bleeding through rectum in 24%, soiling of clothes in 60%, pruritis in 55%, mass through rectum in 32%, and pain during defecation in 60% cases. The difference was significant (P< 0.05). The grade of internal hemorrhoids was grade I in 14%, grade II in 26%, grade III in 45% and grade IV in 15%. The difference was significant (P< 0.05). **Conclusion:** Pruritus, mass through the rectum, bleeding through the rectum, clothing soiling, and pain during defecation were common symptoms.

Keywords: Hemorrhoids,Constipation, prolonged straining

INTRODUCTION

One common clinical issue is hemorrhoids. By the time they are 50 years old, about half of the population has hemorrhoids. In the USA, it is estimated that 58% of adults over 40 suffer from the illness.[1] Surgeons see nearly one-third of these patients for medical care. Both men and women can be affected by hemorrhoids, which can happen at any age. Although the precise prevalence is unknown in developing nations, the disease is becoming increasingly common there, maybe as a result of a more westernized lifestyle.[2,3]

Hemorrhoids are cushion sinusoids that are believed to be a component of the continence mechanism and help close the anal canal completely while the body is at rest.[4] The primary cushions are located in the anal canal's left lateral, right anterior, and right postero-lateral regions. There might be additional cushions. Prolapse may be accompanied with pre-sinusoidal arteriole thrombosis and bleeding. Constipation, prolonged straining, pregnancy, obesity, aging, genetics, disruption of the internal anal sphincter, weak blood vessels, and absence of portal vein valves are among the hypothesized etiological variables. Another predisposing factor is the upright position of humans.[5] The pathophysiology of hemorrhoids is still unknown despite numerous studies. The primary complaints include prolapse, pain, bleeding during or after bowel movements, itching, and peri-anal soiling. A diagnosis is madeby examining the anus and anal canal, and it is important to exclude more serious causes of bleeding, like rectal cancer.[6]The present study was conducted to assess surgicalmanagement of hemorrhoids,

MATERIALS & METHODS

The present study consisted of 84 patients of hemorrhoids of both genders. A written consent was obtained from all patients.

Data such as name, age, gender etc. was recorded. A comprehensive clinical assessment was carried out. A history of smoking and alcohol consumption, as well as dietary and bowel habits and physical activity levels, were recorded. The number of bowel movements a patient had either daily or weekly was used to measure the frequency of their bowel movements. It was also noticed and inquired about how long the person had to strain to pass gas, felt as

though their bowel movement wasn't complete, or had firm or lumpy stools. Open hemorrhoidectomy (Milligan-Morgan method) was used. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 84		
Gender	**Males**	**Females**
Number	44	40

Table I shows that out of 84 patients, males were 44 and females were 40.

Table II Clinical profile

Symptoms	Percentage	P value
Bleeding through rectum	24%	
Soiling of clothes	60%	
Pruritis	55%	
Mass through rectum	32%	
Pain during defecation	60%	

Table II, graph I show that common symptoms were bleeding through rectum in 24%, soiling of clothes in 60%, pruritis in 55%, mass through rectum in 32%, and pain during defecation in 60% cases. The difference was significant (P< 0.05).

Graph I Clinical profile

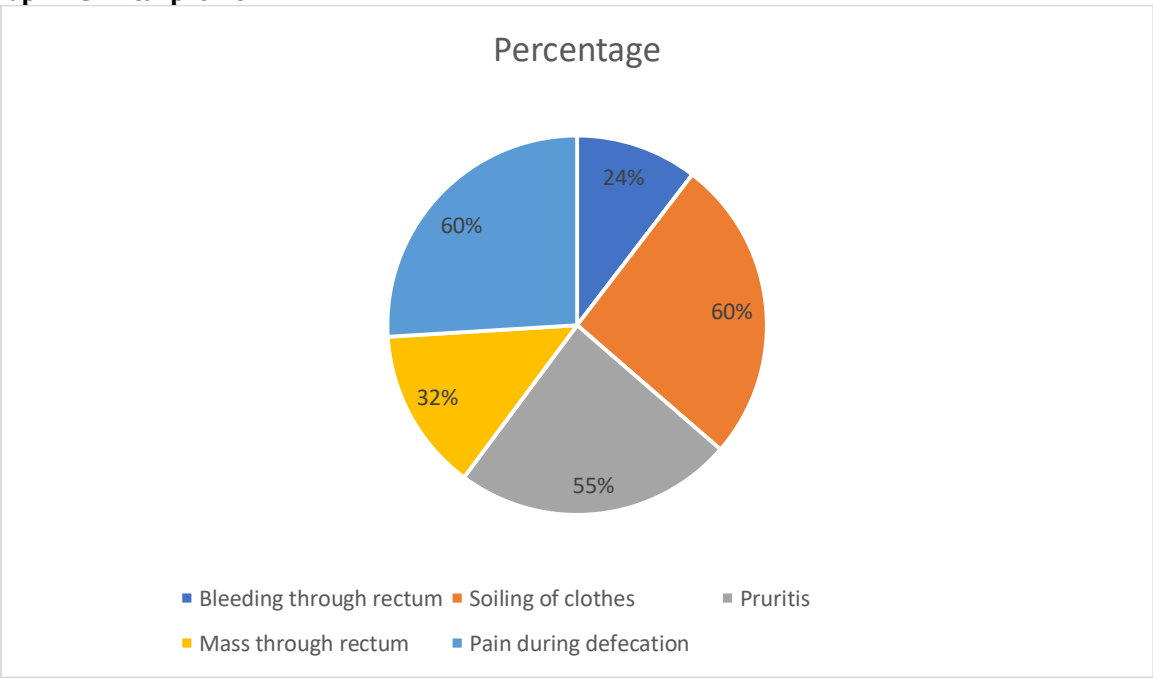

Table III grades of hemorrhoids

Grade	Number	P value
Grade I	14%	0.05
Grade II	26%	
Grade III	45%	
Grade IV	15%	

Table III shows that the grade of internal hemorrhoids was grade I in 14%, grade II in 26%, grade III in 45% and grade IV in 15%. The difference was significant (P< 0.05).

DISCUSSION

Hemorrhoids, commonly referred to as piles, are masses or clumps of tissue that are present in an individual's anal canal.[7,8]They are composed of muscle and elastic fibers with swollen, protruding blood vessels and surrounding supportive tissues.[9,10] Anal cushion prolapse, which can cause pain and bleeding, is the condition's defining feature. This is a prevalent ailment among the adult population.[11,12]The

present study was conducted to assess surgical management of hemorrhoids,

We found that out of 84 patients, males were 44 and females were 40.Wolkomir et al[13]determined the outcome of surgery for symptomatic hemorrhoids and anal fissures in patients with known Crohn's disease. Seventeen patients underwent surgery for symptomatic hemorrhoids. Fifteen of these 17 patients' wounds healed without complication. Twenty-five patients underwent 27 operations for anal fissures. Twenty-two of these patients had uncomplicated wound healing by two months. Long-term follow-up, which was at a mean of 11.5 years in the hemorrhoid patients and 7.5 years in the fissure patients, revealed that only three patients required proctectomy, none as a direct result of surgery. Patients with severe symptoms secondary to anal fissures and hemorrhoids, who are known to have Crohn's disease and who cannot be controlled with conservative medical management, may undergo surgery on a highly selective basis when the disease is in the quiescent state. Proctectomy is not an inevitable outcome.

We observed that common symptoms were bleeding through rectum in 24%, soiling of clothes in 60%, pruritis in 55%, mass through rectum in 32%, and pain during defecation in 60% cases. We found that the grade of internal hemorrhoids was grade I in 14%, grade II in 26%, grade III in 45% and grade IV in 15%. In the study conducted by D'Ugo et al[14], 86 individuals with CD were included; 45 underwent treatment for hemorrhoids, and 41 showed signs of anal fissure. All patients were initially treated conservatively; if medicinal treatment failed, patients with stable intestinal diseases could have surgery. Fifteen patients had two rubber band ligations and eleven open, three closed, and one stapled hemorrhoidectomyprocedure. Anal fissure surgery was necessary for 14 individuals (Botox ± fissurectomy 8; LIS 6). Theyobserved a significant proportion of complications in both groups: 57.1% for anal fissures and 41.2% for hemorrhoids. Complications from haemorrhoidectomy were considerably more common in patients lacking a definitive CD diagnosis. Due to the significant risk of complications, conservative treatment of proctologic disorders in people with CD has been recommended.

Milligan-Morgan method is the most commonly used technique and is widely considered to be the most effective surgical technique for treating hemorrhoids. Adotey and Jebbin[15] in PortHarcourt, Nigeria, showed that open hemorrhoidectomy was the predominant surgical method for treating hemorrhoids. Uba et al.[16] in Jos, Nigeria, also concluded in their studies that open hemorrhoidectomy was safe, simple and cost-effective, with postoperative pain, acute urine retention and bleeding being the commonest complications.

Either carbon dioxide or a NdYag laser is used to evaporate or remove the hemorrhoid. The smaller LASER beam enables more accuracy and precision as well as typically quick, unhindered healing. It doesn't hurt at all. One can utilize laser therapy either by alone or in conjunction with other methods. The atomizer wand is a novel electrical current wave form in which one or more cell layers are excised or vaporized at a time using a specialized electrical probe, reducing the hemorrhoids to tiny mist or spray particles that are quickly swept away.[17]In essence, the hemorrhoids dissolve into an aerosol of water and carbon molecules. The atomizer costs less and causes less bleeding than a laser hemorrhoidectomy, but the results are otherwise similar. Hemorrhoids of grades I, II, and III are appropriate candidates for the operation. The patient can leave the hospital right away.[18]

CONCLUSION

Authors found that pruritus, mass through the rectum, bleeding through the rectum, clothing soiling, and pain during defecation were common symptoms.

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