

ORIGINAL ARTICLE

Assessment of cases of hemorrhoids managed surgically

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ABSTRACT:

Background: Hemorrhoids is a condition characterized by the prolapsed of an anal cushion that may result in bleeding and pain. The present study was conducted to assess cases of hemorrhoids managed surgically. **Materials & Methods:** 72 patients of hemorrhoids of both genders were managed surgically using NdYag LASER. Habits such as dietary habits, bowel habits, amount of physical activity, smoking and alcohol history were noted. **Results:** Out of 72 patients, males were 42 and females were 30. Common symptoms were pruritis in 54, mass through rectum in 34, bleeding through rectum in 28, soiling of clothes in 61 and pain during defecation in 62. The difference was significant ($P < 0.05$). Grade of internal hemorrhoids was grade I in 11, grade II in 20, grade III in 13 and grade IV in 28. **Conclusion:** Common symptoms were pruritis, mass through rectum, bleeding through rectum, soiling of clothes and pain during defecation.

Key words: hemorrhoids, defecation, LASER

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INTRODUCTION

Hemorrhoids, also called piles are masses or clumps of tissues which consist of muscle and elastic fibers with enlarged, bulging blood vessels and surrounding supporting tissues present in the anal canal of an individual.¹ It is a condition characterized by the prolapsed of an anal cushion that may result in bleeding and pain. This condition is a common ailment among the adults.²

Hemorrhoids are cushion sinusoids thought to function as part of the continence mechanism and aid in complete closure of the anal canal at rest.³ The main cushions lie at the left lateral, right anterior and right postero-lateral portions of the anal canal. Secondary cushions may be present. Bleeding and thrombosis of the pre-sinusoidal arterioles may occur in association with prolapse.⁴ Proposed etiological factors include constipation, prolonged straining, pregnancy, obesity, ageing, hereditary, derangement of the internal anal sphincter, weak blood vessels and absent valves in the portal vein. The erect posture of humans is also a predisposing factor. Despite several studies, the pathogenesis of hemorrhoids still remains unclear.⁵ The main complaints are bleeding during or

after defecation, pain, prolapse, itching and peri-anal soiling. Diagnosis is made by 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 cases of hemorrhoids managed surgically.

MATERIALS & METHODS

The present study comprised of 72 patients of hemorrhoids of both genders. The consent was obtained from all patients.

Data such as name, age, gender etc. was recorded. A thorough clinical examination was performed. Habits such as dietary habits, bowel habits, amount of physical activity, smoking and alcohol history were noted. Bowel movement frequency was assessed by finding how many movement a patient has in a day or per week. The percent of time the person had to strain during the bowel movement, had a feeling of incomplete bowel evacuation, or had hard or lumpy stools was also enquired and noted. All patients were managed with NdYag LASER. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 72		
Gender	Males	Females
Number	42	30

Table I shows that out of 72 patients, males were 42 and females were 30.

Table II Clinical symptoms of patients

Symptoms	Number	P value
Pruritis	54	0.09
Mass through rectum	34	

Bleeding through rectum	28	
Soiling of clothes	61	
Pain during defecation	62	

Table II, graph I shows that common symptoms were pruritis in 54, mass through rectum in 34, bleeding through rectum in 28, soiling of clothes in 61 and pain during defecation in 62. The difference was significant ($P < 0.05$).

Graph I Clinical symptoms of patients

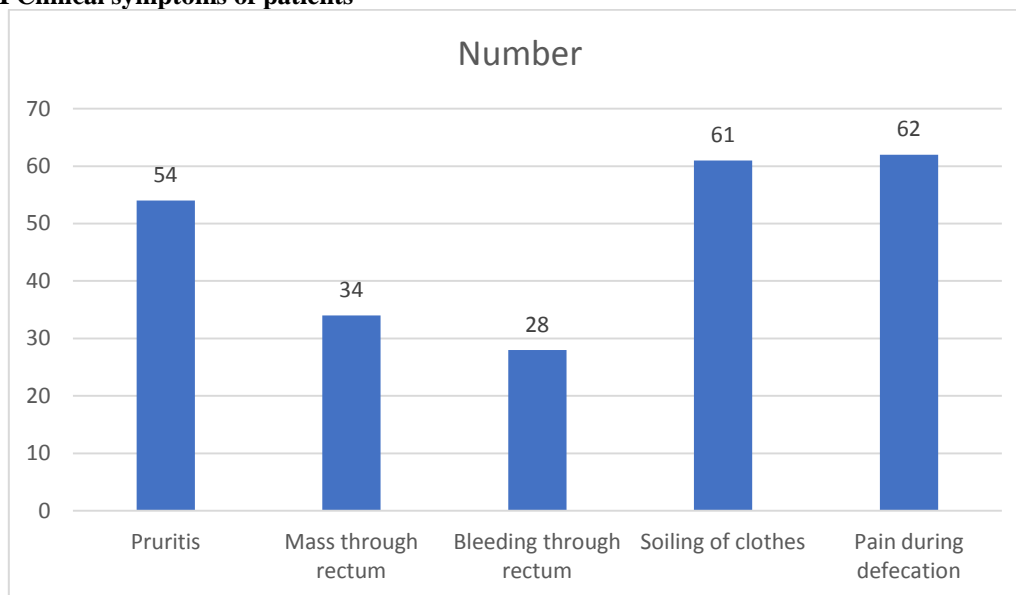


Table III Type of hemorrhoids

Grade	Number	P value
Grade I	11	0.021
Grade II	20	
Grade III	13	
Grade IV	28	

Table III shows that grade of internal hemorrhoids was grade I in 11, grade II in 20, grade III in 13 and grade IV in 28. The difference was significant ($P < 0.05$).

DISCUSSION

Hemorrhoids are common clinical conditions. About half of the population has hemorrhoids by the age of 50 years. It is estimated that 58% of people aged over 40 years have the disease in the USA.⁷ Almost one third of these patients present to surgeons for treatment. Hemorrhoids can occur at any age, and they affect both men and women.^{8,9} Exact incidence in developing countries is unknown, but the disease is being more frequently encountered, perhaps due to westernized life style. The present study was conducted to assess cases of hemorrhoids managed surgically.¹⁰ The present study was conducted to assess cases of hemorrhoids managed surgically.

We found that out of 72 patients, males were 42 and females were 30. The hemorrhoid is vaporized or excised using carbon dioxide or NdYag LASER. The smaller LASER beam allows for precision and accuracy; and, usually, rapid, unimpaired healing. It is painless.¹¹ LASER therapy may be used alone or in combination with other modalities. In a study of 750 patients undergoing LASER treatment for

hemorrhoids, 98% successful result was reported. Patient satisfaction was 99%. It is an outpatient procedure reserved mostly for first-, second- and some third-degree hemorrhoids.¹²

We found that common symptoms were pruritis in 54, mass through rectum in 34, bleeding through rectum in 28, soiling of clothes in 61 and pain during defecation in 62. D'Ugo et al¹³ in their study eighty-six CD patients were included; 45 were treated for haemorrhoids and 41 presented with anal fissure. Conservative approach was initially adopted for all patients; in case of medical treatment failure, the presence of stable intestinal disease made them eligible for surgery. Fifteen patients underwent haemorrhoidectomy (open 11; closed 3; stapled 1), and two rubber band ligation. Fourteen patients required surgery for anal fissure (Botox ± fissurectomy 8; LIS 6). In both groups we observed high complication rate, 41.2% for haemorrhoids and 57.1% for anal fissure. Patients who underwent haemorrhoidectomy without certain diagnosis of CD had significantly higher risk of

complications. Conservative treatment of proctologic diseases in CD patients has been advocated given the high risk of complications and the evidence that spontaneous healing may also occur. From these preliminary results a role of surgery is conceivable in high selected patients, but definitive conclusions can't be made.

The atomizer wand is an innovative wave form of electrical current wherein a specialized electrical probe excises or vaporizes one or more cell layers at a time, reducing the hemorrhoids to minute particles of fine mist or spray, which are immediately vacuumed away.^{14,15} The hemorrhoids are essentially disintegrated into an aerosol of carbon and water molecules. Results are similar to those of LASER hemorrhoidectomy except that there is less bleeding using the atomizer and that the atomizer costs less. The procedure is suitable for hemorrhoids of grades I, II and III. Patient does not require hospital stay. Presently, atomizing hemorrhoids is offered exclusively in Arizona, USA.¹⁶

CONCLUSION

Authors found that common symptoms were pruritis, mass through rectum, bleeding through rectum, soiling of clothes and pain during defecation.

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