

Original Research Article

Recent trends in management of haemorrhoids

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ABSTRACT

Background: Haemorrhoids are common clinical conditions. Their treatment is one of the most challenging situations in the field of general surgery. In this study, we compared and evaluated the results and postoperative complications of Lords dilatation procedure and haemorrhoidectomy.

Methods: The study evaluates comparative results of Lords dilatation procedure and haemorrhoidectomy. This study was conducted over a period of 1 year from January 1984 to December 1984. It includes 40 patients with haemorrhoids who attended surgical OPD of Krishnarajendra Hospital, Mysore. These 40 patients were selected randomly and divided into two groups of 20 patients each (Lords dilatation group and haemorrhoidectomy group). All parameters including clinical, physical and baseline investigations for all patients were recorded and finally analysed.

Results: The age of the patients ranged from 20-70 years. Male preponderance was observed (7:1). The commonest symptoms were mass per rectum (90% and 85%) and bleeding P/R (85%), pain during defecation (85% and 70%) in Lords dilatation and haemorrhoidectomy groups respectively. Protoscopic examination revealed the presence of grade II haemorrhoids in most of the patients in both the groups, 45% and 65% respectively. Postoperative complications including pain, sphincter incontinence, bleeding and urinary retention is high in haemorrhoidectomy group as compared to Lords dilatation group. Recurrence of haemorrhoids (5%) and fecal incontinence (5%) was observed in Lords dilatation group after 6 months of treatment.

Conclusions: Haemorrhoidectomy for treatment of hemorrhoids offers the best immediate and long term results compared to Lords dilatation.

Keywords: Haemorrhoidectomy, Lords dilatation procedure, Proctoscopy, Postoperative complications

INTRODUCTION

Hemorrhoids are characterized by the symptomatic enlargement and distal displacement of the normal anal cushions.¹ Many factors have been alleged to be the incidences of hemorrhoidal development, including constipation and prolonged straining.² About half of the population of age above 50 years had this clinical problem. They can occur at any age and affects both the sexes. Almost 60% of these patients attends to the surgeons for treatment.³ Prevention is the best treatment for hemorrhoids.⁴ Avoiding constipation by increasing

the intake of high fiber diet and bulk laxatives can evade the worsening of the condition. In severe conditions the mainstay of treatment was surgery.² Operative hemorrhoidectomy is one of the effective method for treating hemorrhoids but it is usually associated with significant postoperative complications, including pain, bleeding, anal stricture and infections.⁵ This has therefore stimulated continuing efforts to develop new techniques with less painful course and faster recovery. Lord's procedure is the manual anal dilatation method commonly used for treating second and third degree hemorrhoids.

It involves dilatation of anal sphincter by use of a dilator.⁶ This procedure is very economical with least hospital stay and with negligible postoperative complications. Hence, this study was conducted with the aim to compare and evaluate the results and postoperative complications of Lord's dilatation procedure and hemorrhoidectomy.

METHODS

This comparative study of Lord's dilatation Vs. Haemorrhoidectomy for the symptomatic treatment of haemorrhoids has been carried out on 40 cases (twenty in each group) was conducted in Krishnarajendra Hospital, Mysore, India from January 1984 to December 1984.

Detailed clinical history was taken in all cases per the proforma with particular reference to family history, personal history including occupation, financial status, previous history of hemorrhoids, bleeding per rectum, constipation, prolapse, painful defecation discharge per rectum, dietary habits, chronic-cough and difficulty in micturition. The history of pain, pruritis in anal region, history of soiling of cloths was asked with its duration and nature whether with mucous serous or blood.

Detailed general physical examination was done in all patients. Each patient was subjected to detailed local examination of anus and rectum, proctoscopy, and sigmoidoscopy.

Base line investigations including CBC, urine and motion examination, radiological examination of the chest was done to know the presence of any abnormalities. Apart from the above routine investigation in all cases special investigation if any required in a particular case was done.

Before surgery, the general condition of the anemic patient was improved with haematonics and blood transfusion before any operation was under taken and simultaneously when were treated conservatively the local condition. Twenty cases of each group were taken at random and subjected for surgery and Lord's dilatation respectively after preliminary investigation and preoperative assessments.

The following preoperative preparation was done for operated cases only liquid diet was allowed on the night before operation. Soap water enema was given on the previous night of operation and low rectal wash in the morning. The perianal region and back was shaved and washed with soap and water again perianal region was washed with soap and water in the operation theater and painted with tincture iodine and spirit. Spinal and general anaesthesia were given. Operations were performed accordingly to the respective groups.

Postoperatively, the patient was followed up from the day of the operation till discharge. During this period, day-to-day condition of the patient were noted. Enquiry was

made about pain, bleeding, retention of urine, fever headache and bowel movements. Certain standards are adopted to know the severity of the pain as shown in Table 1.

Table 1: Clinical features of hemorrhoids.

Features	Degree
Pain	
Intolerable pain and was actually in agony (Severe pain)	+++
Tolerable pain and was patient not in agony (Moderate pain)	++
Little pain (Mild)	+
Amount of bleeding	
If it was change a pad within 24 hours (Little)	+
If it was change a pad within 24 hours (Moderate)	++
If it continuous bleeding (Severe)	+++
History of mass per rectum	
Does not appear on defecation	+
Appear and reducible automatically	++
Remain prolapsed	+++

Postoperatively all patients were on antibiotics sedatives/analgesics as required, sitz bath from the 2nd post – operative day and laxative and digital examination was carried out on 6th or 7th day, for evidence of spasm of anal sphincter, intensity of pain and bleeding.

The people who were subjected for Lord's dilatation. The rectal plug was removed the next morning patient was put on cremaffin liquid, sitz bath and special dilator of 3.5 cm. diameter or rounded sponge made up of 3.5 cm. of its external diameter. Introduced into rectum for dilatation once a day for a minute for at least 10-15 days from 4th post-operative day. Thereafter twice a day for month. Weekly once for another month and once in fortnight thereafter for 6 months to 1 year to prevent stenosis. All the patient was summoned for regular checkup follow-up of the patient varies from 6 months to 1 year for any complication such as skin tags, recurrence, mucosal prolapsed and stricture.

RESULTS

Table 2 presents the demographic data of the patients. In present series, of the 40 cases, 34 were males and 6 were females of which 17 males and 3 females belonged to each group. The age of the patients ranged from 20-70 years. The incidence of haemorrhoids was maximum in the age group of 20-29 years in both the groups. The common aetiological factor observed in both groups was constipation followed by hereditary. Agriculturists were found to be the mostly affected people with haemorrhoids in both the groups (55% cases). The commonest symptoms were mass per rectum (90% and 85%) and bleeding P/R (85%), pain during defecation (85% and

70%) in Lord's dilatation and haemorrhoidectomy groups respectively. In both the groups 15% of the patients had

haemoglobin percentage ranging from 5-9 gm % and 85% of patients had above 9 gm % of haemoglobin.

Table 2: Demographic data and clinical symptoms of the patients.

Characteristics	Lord's dilataion group		Haemorrhoidectomy group	
Age in years	No. of patients	Percentage	No. of patients	Percentage
20 – 29	5	25	6	30
30 – 39	4	20	6	30
40 – 49	4	20	2	10
50 – 59	2	10	3	15
60 – 69	4	20	2	10
70 & above	1	5	1	5
Sex				
Male	17	85	17	85
Female	3	15	3	15
Aetiological factors				
<i>Hereditary</i>				
Parental / Maternal	2	10	3	15
Family incidence	3	15	4	20
<i>Constipation</i>				
Habitual Constipation	8	40	7	35
Occasional Constipation	3	15	4	20
Occupation				
House wives	1	5	3	15
Agriculturist	9	45	9	45
Businessman	4	20	1	5
Students	3	15	3	15
Sedentary	2	10	1	5
Executives	1	5	2	10
Doctor	-		1	5
Clinical features				
Bleeding per rectum	17	85	17	85
Mass per rectum	18	90	17	85
Pain during defecation	17	85	14	70
Soiling of cloths	4	20	5	25
History of purities	3	15	2	10

Proctoscopic examination revealed that 15% of patients had grade I haemorrhoids, 45% had grade II, 20% of patients had grade III and IV each in Lord's group

whereas in hemorrhoidectomy group 65% of patients had grade II, 30% had grade III and 5% had grade IV hemorrhoids as shown in Table 3.

Table 3: Number of patients with different grades of haemorrhoids in two study groups.

Degree of haemorrhoids	Lord's dilataion group		Haemorrhoidectomy group	
	No. of patients	Percentage	No. of patients	Percentage
I Degree	3	15	-	-
II Degree	9	45	13	65
III Degree	4	20	6	30
IV Degree	4	20	1	5

Early postoperative complications were given in Table 4. Severe pain was noticed in 15% and 55% of patients in Lords group and hemorrhoidectomy group respectively. Retention of urine for more than 24 hours was higher in hemorrhoidectomy group (45%) compared to Lords

group (20%). Mild bleeding was seen in 10% and 30% cases of Lords and hemorrhoidectomy group respectively. Flatus incontinence was noted in 25% and 35% cases respectively.

Table 4: Early postoperative complications.

Symptoms		Lord's dilatation		Haemorrhoidectomy	
		N	%	N	%
Pain	a) Mild	10	50%	3	15%
	b) Moderate	7	35%	6	30%
	c) Severe	3	15%	11	55%
Retention of Urine	a) Less than 24 hours	7	35%	5	25%
	b) More than 24 Hours	4	20%	9	45%
Bleeding	a) Mild	2	10%	6	30%
	b) Moderate	1	5%	-	-
	c) Sever	-	-	1	5%
Sphincter incontinence	a) Flatus	5	25%	7	35%
	b) Faeces	1	5%	-	-

In this study, the late complications observed in the patients after 6 months of treatment in Lord's dilatation group. One patient (5%) had recurrence of haemorrhoid and treated with haemorrhoidectomy, 2 (10%) patients had mild fissure in the mucosa of the anal canal but treated without any complication and three patients had muscal prolapsed account for 15%.

DISCUSSION

Anal dilatation by Lord's procedure especially used for the treatment of second degree haemorrhoids under general anaesthesia and stay at hospital is not required.⁷ Haemorrhoidectomy involves excision of hemorrhoidal plexus of veins and produces symptomatic relief. It has to be performed under anesthesia and hospital stay is required for a period of 2-5 days.⁸

In the present study, the age of the participated patients ranged from 20-70 years. This is comparable to the studies reported by Gagloo et al who reported the participated age of the patients as 17-70 years.⁸ Male preponderance was observed (M: F-7: 1) in this study which is similar to the studies of Hosch et al.⁹ In our series the main aetiological factor was constipation accounting for 55% and hereditary factor in our opinion has played probably is only 25% of cases.

Discharge per rectum was seen in 90% & 85% in Lords procedure treated and haemorrhoidectomy treated group respectively.

This observation varies with the series of Gagloo et al in which mas per rectum was seen in 23% patients.⁸ Rectal bleeding was present in 85% of patients in our series

which favorably correlates with the findings of Gagloo et al and Steinberg et al.^{8,9} In this study pain during defecation was reported in 70% and 85% of both the groups respectively whereas in the study by Vellacott et al it was (35%) in haemorrhoidectomy treated group.¹¹ Anaemia was reported in 15% of patients in our series. This is in accordance with the findings of Gagloo et al.⁸

Protoscopic examination revealed the presence of grade II haemorrhoids in most of the patients in both the groups, 45% and 65% respectively. This is in accordance with the observations made by Gagloo et al.⁸ Cheng et al reported that haemorrhoidectomy is very effective in curing haemorrhoids, but higher possibility of postoperative operative complications, longer hospital study and development of new surgical procedures reduced its use in the treatment of hemorrhoids.¹²

Buchmann et al and Mortensan et al are of view that Lord's dilatation procedure is cheaper with reduced postoperative complications and demand for beds in hospital.^{13,14} But some complications like fecal incontinence may be seen.

In the present study, postoperative complications including pain, sphincter incontinence, bleeding and urinary retention is high in haemorrhoidectomy group compared to Lords dilatation group. These observations are in accordance with the reports given by Buchmann et al.¹⁴ Even though complications are higher in haemorrhoidectomy group excellent long term results are seen in haemorrhiodectomy procedure.¹⁵

In present series recurrence of haemorrhoids in one patient, mild fissure in the mucosa of the anal canal in 2

patients and muscal prolapse in 3 patients was seen in Lords dilatation group which was not reported in haemorrhoidectomy group.

CONCLUSION

Haemorrhoidectomy for treatment of hemorrhoids offers the best immediate and long term results compared to Lords dilatation as it is associated with high percentage of fecal incontinence complaints.

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Ethical approval: The study was approved by the institutional ethics committee

REFERENCES

1. Agrawal S, Chopra S. Comparative Study between Conventional Hemorrhoidectomy versus Stapled Hemorrhoidopexy at Ja Group of Hospitals Gwalior. IOSR J Dental Med Sci. 2016;15(12):69-94.
2. Agbo SP. Surgical Management of Hemorrhoids. J Surg Tech Case Rep. 2011;3(2):68-75.
3. Cohen Z. Alternatives to surgical haemorrhoidectomy. Can J Surg. 1985;28:230-1.
4. Brisinda G. How to treat haemorrhoids. BMJ. 2000;321:582-3.
5. Gartell PC, Sheridan RJ, McGinn FP. Outpatient treatment of haemorrhoids: A randomized clinical trial to compare rubber band ligation with phenol injection. B J Surg. 1985;72:478-9.
6. Konsten J, Baeten CG. Hemorrhoidectomy Vs Lord's method: 17-year follow-up of a prospective randomized trial. Dis Colon Rectum. 2000;43:503-6.
7. Mortensen PE, Olsen J, Pedersen LK, Christiansen J. A randomized study on haemorrhoidectomy combined with anal canal dilatation. Dis Colon Rectum. 1987;30:755-7.
8. Gagloo MA, Wardul Hijaz S, Aijaz Nasir S, Reyaz A, Bakshi IH, Chowdary NA, et al. Comparative Study of Hemorrhoidectomy and Rubber Band Ligation in Treatment of Second and Third Degree Hemorrhoids in Kashmir. Indian J Surg. 2013;75(5):356-60.
9. Hosch SB, Knoefel WT, Pichlmeier U, Schulze V, Busch C, Gawad KA. Surgical treatment of piles: prospective, randomized study of Parks vs. Milligan-Morgan hemorrhoidectomy. Dis Colon Rectum. 1998;41(2):159-64.
10. Steinberg DA, Liegois HJ, Willaims A. Long term review of the results of rubber band ligation of haemorrhoids. BJS. 1975;62:144-6.
11. Vellacott KD, Hardcastle JD. Is continued anal dilatation necessary after a Lord's procedure for haemorrhoids. BJS. 1980;67:658-59.
12. Cheng FC, Shum DW, Ong GB. The treatment of second degree haemorrhoids by injection, rubber band ligation, maximal anal dilatation and haemorrhoidectomy: a prospective clinical trial. Aust NZ J Surg. 1981;51(5):458-62.
13. Buchmann P, Babotai I. Why do patients with haemorrhoids benefit from Lords procedure. In: Givel J, Saegesser F, editors. Coloproctology, 1984. Newyork: Springer-Verlag; 1984: 166-168.
14. Mortensen PE, Olsen J, Pedersen IK, Christiansen J. A randomized study on hemorrhoidectomy combined with anal dilatation. Dis Colon Rectum. 1987;30:755-7.
15. Konsten J, Baeten CG. Hemorrhoidectomy vs. Lord's method: 17-year follow-up of a prospective, randomized trial. Dis Colon Rectum. 2000;43(4):503-6.

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