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Comparison of Conventional (CH) Vs Stapled Haemorrhoidectomy (SH); Three Years' Experience.

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ABSTRACT

Background: Haemorrhoids are one of the most common anorectal disorders. Haemorrhoids surgical techniques are classified as Open, Closed and Stapled ones. Radical surgery is the only therapeutic option in case of III and IV stage haemorrhoids The Milligan-Morgan open haemorrhoidectomy is the most widely practiced surgical technique used for the management of haemorrhoids and is considered the current "gold standard". In 1995, Longo described a new and innovative operative technique for haemorrhoid. The procedure of MIPH is performed in the patient with piles on distal rectal mucosa and sub mucosa, proximally to the dentate line. MIPH haemorrhoidectomy includes excision of a band of excessive or loose prolapsed mucosa and sub mucosa within the rectum, proximally to the haemorrhoidal tissue and fixation of the mucosa by stapled end to end mucosa anastomosis. This minimally invasive maneuver occludes the blood supply of the superior haemorrhoidal artery above the haemorrhoidal tissue and thus piles are cured as well as prolapsed mucosa is retracted up. This study was conducted from June 2014 to May 2017 focusing on early, middle and late complications, indications and contraindications, satisfaction level of both surgical procedure for haemorrhoid and post operative pain score. **Methods:** One hundred and fifty patients were recruited from June 2014 to May 2017.Out of 150, 50 underwent surgery with traditional open or closed technique and 100 with the stapled Haemorrhoidectomy (SH) technique due to patients prefence.. Only patients with symptomatic haemorrhoids at III or IV stage were included retrospectively. **Results:** There were no differences between CH and SH about procedure time. Bleeding is the most commonly observed as early complication with a statistically significant difference in favour of SH. Pain relief was better in SH group compared to conventional one. We also observed that pain level influences the outcome after surgical treatment. No chronic pain cases were observed in both groups. There were no statistical significant differences between two groups about incontinence to flatus, urinary retention, faecal incontinence, substenosis and anal burning. No cases of anal stenosis were observed. Rectal prolapse and haemorrhoidal recurrence were observed as late complications, especially after SH. **Conclusion:** ?

Keywords: Stapled haemorrhoidectomy,Conventional haemorrhoidectomy,Piles

INTRODUCTION

Haemorrhoids or piles occurs in 5% of general population and few seek medical help for bleeding Per rectal.[1] Conventional Haemorrhoidectomy (CH) is the routinely procedure performed in major centres. But SH is gaining popularity due to its post-surgical result and ease to do. Though there is no significant difference in procedure time.[2,8] The Milligan-Morgan open haemorrhoidectomy is the most widely practiced surgical technique used for the management of haemorrhoids and is considered the current "gold standard". Stapled hemorrhoidopexy was first described by Longo in 19953 as an alternative to conventional hemorrhoidectomy. The SH has better patient acceptance, low morbidity and a higher compliance with day-case procedures potentially making it more economical. Also got long-term control of haemorrhoidal symptoms.[4]

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MATERIALS AND METHODS

This study was done in a superspecialty hospital from June 2014 to May 2017.150 patients were enrolled retrospectively for this study. Of these 100 patients went for SH and 50 for CH. All grade III and grade iV haemorrhoids were enrolled for the study. Stapled Haemorrhoidectomy were treated with using MIRUS disposable haemorrhoids Stapler (PPH). All the procedure were performed by a single surgeon and under spinal anaesthesia.

An informed and written consent was taken from all the patients. Patients were prepared before surgery with enema and antibiotic therapy. In SH and CH patient standard surgical procedure was carried out. After 6-8 hours of operation oral intake was allowed

and postoperative pain was assessed using VAS score and as per requirement of intravenous analgesia according to hospital protocol in first two days. Almost all the patients were discharged after third post operative day and instructed to follow in OPD after one month, two month,6 month and one year. In both the group results were evaluated for relief of symptoms, post operative pain score and complications.

RESULTS

Out of 150 enrolled patient, 100 were included for SH and 50 for CH. In SH group 91(91%) were male and 9(9%) were female. In CH group 48 (96%) were male and 2(4%) were female. [Table 1] In both group age varied from 30 to 65 years with mean age of 52 years.

In both group patients with grade 3 and grade 4 haemorrhoids were included. Of 150 patient,120 were grade 3(80%) and 30 were grade 4(20%).All patients were having prolapsed haemorrhoids (100%)bleeding per rectum in 120(80%), constipation 66 (66%) and anal pain in 45(30%) [Table 2]. The average duration of surgery for both the group were 60- 100 minutes. Early complications for both the group were Urinary retention 87(58%), incontinence to flatus 70(46.6%),faecal incontinence 40(26%),anal burning 55(37%) with no statistical significant difference between two group. No case of anal stenosis were observed. Late complications observed were rectal prolaspe 65(43%) and haemorrhoidal recurrence 42(28%).More with CH group. [Table 3]. There were significant levels of satisfaction in SH group compared to CH group, in terms of pain relief and recurrence of haemorrhoids [Table 4].

Table 1: Demography of patients (Age and Sex), SH group.

Age	Male	Female
20-30	2	1
31-40	47	4
41-50	37	4
51-60	5	0
61-70	0	0

In CH group

Age	Male	Female
20-30	0	0
31-40	25	2
41-50	17	0
51-60	06	0
61-70	0	0

Table 2: Pre operative presentation In both group.

Prolapsed haemorrhoids	100%
Bleeding per rectum	120(80%)
Constipation	66(44%)
Anal pain	45(30%)

Table 3: Complications in both groups.

Early	
Urinary retention	87(58%)
Incontinence to flatus	70(46.6%)
Faecal incontinece	40(26.6%)
Anal burning	55(36.6%)
Late	
Rectal prolapsed	65(43.3%)
Recurrence Haemorroids	42(28%)

Table 4: Pain score (VAS) after surgery in both group

1st hour	2	1
6th hour	6	4
12th hour	4	3
24 hour	4	3
48 hour	2	2
	CH	SH

DISCUSSION & CONCLUSION

Conventional Haemorrhoidectomy is most commonly practised treatment modalities for treating Piles. It is more invasive and slightly more painful in immediate postoperative period, compared to stapled haemorrhoidectomy, which is expensive, but overall the VAS score is improved in SH group.

Stapled haemorrhoidectomy is a simple, gaining popularity among general population as alternative method for the treatment of symptomatic haemorrhoids. The strongest arguments in favour of this procedure are that, it leaves the richly innervated anal canal tissue and perianal skin intact, thus reducing the pain usually associated with conventional method.[5-7]

Urinary retention is a common complication of anorectal surgery with an incidence between 1.5 to 32%.[12,13] In our cases urinary retention were 87% in both group. The cause was not certain, but it could be perioperative fluid intake and post spinal urinary retention.[9-11] Other early complications occurred were faecal incontinence (40%), anal burning (55%).[14-16] Pain relief was better with SH, as rich nerve mucosa are spared, which leads to gaining popularity and more inclination towards SH.

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