Comparitive Study of Post Operative Pain Analysis in Cases of Haemorrhoidectomy without Lateral Sphincterotomy And Haemorrhoidectomy with Lateral Sphincterotomy

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Abstract:

Aim: Asses the post-operative pain in patients presenting with haemorrhoids and undergo either haemorrhoidectomy with lateral sphincterotomy or haemorrhoidectomy without lateral sphincterotomy.

Methods: Patients who satisfy the inclusion criteria are taken up for surgery after history taking, meticulous physical examination such as per rectal and anal speculum examination [proctoscopy] and appropriate serological investigations. 50% of the cases undergo open haemorrhoidectomy without lateral sphincterotomy and other 50% of the cases undergo open haemorrhoidectomy with lateral sphincterotomy. Data documented are the post operative pain in the first 48 hours.

Results: After one month 72.5% of the patients did not have any post operative complications. Only 27.46% presented with post operative complications most commonly being pain. The number of patients who suffered from post operative pain decreased significantly when performing lateral sphincterotomy going down from 28.8% to 10.45%.

Conclusion: Lateral anal sphincterotomy reduces significantly pain only in the first post operative period. It significantly reduces the post haemorrhoidectomy pain and can reduce the use of analgesics. It does not have any influences on the incidence of urinary retention and bleeding after first defeacation and does not increase the risk of fecal and gas incontinence in comparison with the other group.

Keywords: Anal, sphincterotomy, haemorrhoidectomy, pain

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I. Introduction

Haemorrhoids, a common and painful condition. Medical and surgical management are both employed modalities of treatment. Surgical management is generally employed for grade III and grade IV haemorrhoids. Post operative pain following haemorrhoidectomy is a major concern and its management has taken centre stage. Coroman ML mentions Haemorrhoidectomy along with lateral anal sphincterotomy as a modality employed by some to effectively reduce the post operative pain. Difference of opinion among various surgeons regarding this method has been debated for long. This study is to compare the standard procedure with a modified procedure with respect to reduction of post operative pain. Haemorrhoidectomy can be done in various modalities. Certain examples are the traditional Open haemorrhoidectomy also known as Millian morgan haemorrhoidectomy and other new methods such as various haemorrhoid staplers. Older unconventional methods have been abandoned such as sclerotherapy which have been found to have a high complication and failure rate. Haemorrhoidectomy has always been associated significant post operative distress from the patient due to rich innervations of nerve fibres in the perianal region.

Haemorrhoidectomy has also been associated with other complications such as bleeding, urinary incontinence and Fecal incontinence which all are a much rarer complication in current practice. Introduction of various modalities in the field of haemorrhoid surgery has opened up many doors to solve the problem associated with all the post operative complications of our traditional open haemorrhoidectomy. Lateral anal sphincterotomy has recently been introduced as a an additional step included in the ending of the traditional open haemorrhoidectomy since it has been shown in various studies to reduce the post operative pain associated with open haemorrhoidectomy. The mechanism of action of lateral anal sphincterotomy on reducing the post operative pain following haemorrhoidectomy is still not yet confirmed but it has been shown to reduce the anal sphincteric tone causing the laxity of skin outside the perianal tissues leading to decrease in nerve stimulation and thereby decreasing the post operative pain.

Background And Purpose Of The Study:

The purpose of this study is to asses the post-operative pain in patients presenting with haemorrhoids and undergo either Traditional Open haemorrhoidectomy with lateral anal sphincterotomy or Open haemorrhoidectomy without Lateral anal sphincterotomy. This study is to compare the standard procedure with a modified procedure with respect to reduction of post operative pain.

II. Materials And Methods

Thuthookudi Medical College Hospital [TKMCH], Thuthookudi.

Study population : Patients admitted in TKMCH with a diagnosis of Second degree haemorrhoids refractory to medical / conservative treatment and Third/Fourth degree haemorrhoids.

Inclusion criteria:

Study Area :

1. Patients diagnosed to have second degree haemorrhoids refractory to medical treatment.

2. Patients diagnosed to have third degree haemorrhoids.

3. Patients diagnosed to have fourth degree haemorrhoids.

4.Patients with the above condition willing to give written informed consent for the proposed procedure.

Exclusion criteria:

1.Pregnant women

2.Patients diagnosed to have first and second degree heamorrhoids

3.Patients not willing to participate in the study (who refused to consent).

4.Patients with other coexisting co-morbid conditions

Study Period:

1 2 Months .From July 2016-June 2017 **Sample Size:** 100.All patients eligible by inclusion and exclusion criteria are to be included in the study.

Study Design:

A comparitive study is to be conducted on patients admitted in TKMCH for the above study. Informed consent will be taken from each respondent. The degree of pain was measured on Visual analogue scale [VAS] and analyzed by SPSS version 14.

Parameters to be studied:

1. Post operative pain assessment of the patient by using Visual analogue scale [VAS].

2. Incidence of other complications such as Urinary retention and Fecal incontince.

Methodology:

Patients who satisfy the inclusion criteria are taken up for surgery after history taking, meticulous physical examination such as per rectal and anal speculum examination [proctoscopy] and appropriate serological investigations. 50% of the cases undergo open haemorrhoidectomy without lateral anal sphincterotomy and other 50% of the cases undergo open haemorrhoidectomy with lateral sphincterotomy. Data documented is Post operative pain in the first 48 hours.

III. Discussion

After one month 72.5% did not have any post operative complications. Only 27.46% of the included patients presented with post operative complications and the most common was pain with an incidence of 23.03%. The number of patients who suffered from post operative pain decreased significantly on performing lateral anal sphincterotomy going from 28.8% down to 10.45%. In 7.29% of cases urinary retention was observed which was a complication caused due to post operative pain and was relieved on simple oral analgesics. 0.85% patients complained of bleeding which was minor bleeding and was controlled on anal packing. Follow up period of 10 days was maintained to all of the patients and in the follow up period the incidence of pain had drastically reduced in the first group who underwent Open haemorrhoidectomy with lateral anal sphincterotomy rather than in the group which underwent haemorrhoidectomy without lateral anal sphincterotomy who complained of minor pain and some distress while defeacation which was managed conservatively with oral analgesics and stool softners.

IV. Conclusion

Lateral internal sphincterotomy combined with haemorrhoidectomy has been proven from our study that it reduced the incidence of Post haemorrhoidectomy pain and can reduce the use of analgesics in the post operative and followup period. However it does not have any influence on the incidence of urinary retention and bleeding after the first defeacation and does not increase the risk of fecal and gas incontinence in comparison with the haemorrhoidectomy group.

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