

Stapled Hemorrhoidopexy- A Day Care Anorectal Surgery. Analysis of 289 Patients.

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Abstract: Haemorrhoids is a common disease affecting the mankind. 60- 70% of population is suffering from this disease in their life. Therapies for this common disorder continue to evolve. Stapled hemorrhoidopexy is a new procedure. In my study I took 289 patients of grade III & IV at my centre and 98.96% patients were discharged on the same day with least complications so we conclude that this procedure is an office procedure (day care surgery) safe with less painful and less bleeding, comparable complications with conventional procedure.

Key Words: haemorrhoids, piles

INTRODUCTION

Stapled Hemorrhoidopexy is also known as procedure for prolapse & hemorrhoids (PPH), stapled hemorrhoidectomy, and circumferential mucosectomy.

PPH is a technique developed in the early 90's that reduces the prolapse of hemorrhoidal tissue by excising a circular band of the prolapsed anal mucosa with the use of a circular stapling device. In PPH, the prolapsed tissue is pulled into a device that allows the redundant tissue to be removed while the remaining hemorrhoidal tissue is pulled up and cut ends are stapled. This restores the hemorrhoidal tissue back to its' anatomical position.

MATERIALS AND METHODS

The introduction of the Circular Anal Dilator causes the reduction of the prolapse of the anal skin and parts of the anal mucous membrane. After removing the obturator, the prolapsed mucous membrane falls into the lumen of the dilator. The Purse-String Suture Anoscope is then introduced through the dilator. This anoscope will push the mucous prolapse back against the rectal wall along a 270° circumference, while the mucous membrane that protrudes through the anoscope window can be easily contained in a suture that includes only the mucosa. By rotating the anoscope, it will be possible to complete a purse-string suture around the entire anal circumference. The Hemorrhoidal Circular Stapler is opened to its maximum position. Its anvil is introduced and positioned proximal to the purse-string, which is then tied with a knot on the shaft of the anvil.

The ends of the suture are knotted externally. Then the entire casing of the stapling device is introduced into the anal canal. During the introduction, it is advisable to partially tighten the stapler.

With moderate traction on the purse-string, a simple manoeuvre draws the prolapsed mucosa into the casing of the circular stapling device. The instrument is then tightened and fired to staple the prolapse. Keeping the stapling device in the closed position for approximately 30 seconds before firing and approximately 20 seconds after firing acts as a tamponade, this may help promote hemostasis.

Firing the stapler releases a double staggered row of titanium staples through the tissue. A circular knife excises the redundant tissue. A circumferential column of mucosa is removed from the upper anal canal. Finally, the staple line is examined using the anoscope. If bleeding from the staple line occurs, additional absorbable sutures may be placed.

What are the Benefits of PPH over other Surgical Procedures?

1. Patients experience less pain as compared to conventional techniques.
2. Patients experience a quicker return to normal activities compared to those treated with conventional techniques.
3. Mean inpatient stay was lower compared to patients treated with conventional techniques.

What are the Risks of PPH?

Although rare, there are risks that accompany PPH:

- If muscle tissue is drawn into the device, it can result in damage to the rectal wall. The internal muscles of the sphincter may stretch, resulting in reversible dysfunction.
- As with other surgical treatments for haemorrhoids, cases of pelvic sepsis have been reported following stapled hemorrhoidectomy. PPH may be unsuccessful in patients with large confluent hemorrhoids. Gaining access to the deep anal canal can be difficult, the tissue can be too bulky and may not incorporate into the housing of the device.
- Persistent pain and fecal urgency after stapled hemorrhoidectomy, although rare, has been reported.
- Stapling of hemorrhoids is associated with a higher risk of recurrence and prolapse than conventional hemorrhoid removal surgery; according to a Canadian study of 537 participants.

My Experience

Total cases 289 (from Aug 2007 to Sept 2010)

Female	Male	Total
150 (51.9 %)	139 (48.09)	289
Grade III 87	Grade III 92	179 (61.93 %)
Grade IV 63	Grade IV 47	110 (38.06%)

Age 20yrs to 80 yrs Average age 50 yrs
Mean follow up period was (6 – 24 months)

Pre operative symptoms included

Prolapse haemorrhoids	289	100%
Bleeding PR	105	36.33%
Anal Pain	53	18.33 %
Anal Itching	86	29.73 %
Discharge	56	19.37 %

EXCLUSION

- 1st and 2nd grade hemorrhoids were excluded
- Other local disease viz. Fissure in ano / fistula in ano / thrombus piles / haemolytic disease etc were excluded.

Position - All patient were taken in Lithotomy with 10-15° head down.

Anaesthesia -Short GA (Propofol , Succinyl Choline and Butorphanol)

Time taken -15- 35 min (average 25 min)

No. Of patients	Time for discharge	Comment
286	10 hrs	(9 am to 6 pm)
2	Next day	Urinary retention, pain
1	2 nd day	Bleeding

POST OPERATIVE HOSPITALISATION

289 patients

Additional suture at staple line was required in 109 cases only.

COMPLICATIONS

- Early
 - o Urinary retention -1 case
 - o Ano rectal Pain -1 case
 - o Bleeding - 1 case
- Late
 - o Secondary hemorrhage - 2 cases (> 2 weeks)
 - o Prolapse at single site - 2 cases
 - o Prolapse at double site-2 cases

Repaired by mucopexies / hemorrhoidectomy

POST OPERATIVE CARE

- Post operative scheduled analgesic (Diclo-para) given in 205 cases for 3 days
- Stool softeners are preferred for about 10 days.
- Some locally acting anesthetic cream is prescribed to the patient.
- 201 persons joined duty on 2nd day.
- 65 persons joined on 4th day
- 23 persons joined after a week
- First defecation without pain and bleeding was reported in 266 cases
- Mild pain and constipations reported by 20 cases
- No case were reported with persistent pain anal stenosis , incontinence or death

CONCLUSION

PPH is a day care surgery and is safe minimally invasive procedure for grade III & IV hemorrhoids.

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LITERATURE REVIEW

Impact of learning nutrition on medical students : their eating habits, knowledge and confidence in addressing dietary issues of patients

Shama Shaikh, Shraddha Dwivedi, Maroof A Khan; *J Indian Med Assoc 2011; 109: 870-2*

Nutrition is an important component in the treatment of acute and chronic diseases and is a cornerstone in strategies for disease prevention and health promotion. Despite the acknowledged importance of nutrition, there is evidence to indicate that the nutrition training of medical students is inadequate in both quality and quantity. The study aimed to know the dietary/eating habits of medical students, assess their knowledge on nutrition and to assess their confidence in addressing the dietary issues of patients. It was a cross-sectional study conducted on final year medical students, interns and postgraduate students of Moti Lal Nehru Government Medical College, Allahabad. The sampling was purposive and a total of 218 participated in the study voluntarily. Overall 55% of the students were less knowledgeable and only 45% of them were more knowledgeable. Most (62%) postgraduates were more knowledgeable (p<0.001). Majority of them (89.9%) were having healthy eating habits. There was no association between their healthy habits and more knowledge (p>0.340). Only 45.4% of them were confident in assessing the diet of patients and 44% of them were confident in recommending change of diet in patients. However this study shows no association between increase in the level of knowledge and confidence levels of the students (p>0.339 and p>0.109) suggesting that we need to incorporate innovative teaching methods to increase their confidence. Most students (79%) said that the medical curriculum was either just enough or not enough in preparing them to deal with the dietary issues of patients and 55% of them were of the opinion that the faculty should be trained in nutrition. The study results intend to stimulate active consideration of proper role of nutrition learning in medical education.

LITERATURE REVIEW

Integration of tobacco cessation in general medical practice : Need of the hour

Jagdish Kaur, S K Sinha, R K Srivastava; *J Indian Med Assoc 2011; 109: 925-8*

Tobacco use is the single most preventable cause of death and disability. Tobacco use causes almost one million deaths annually in India, which is much more than the combined mortality due to malaria/TB and HIV/AIDS. It is estimated to cause one billion deaths in the 21st century, eighty per cent of which will occur in the developing countries like India. Tobacco use is increasing in the country. Global Adult Tobacco Survey, 2010, estimated that more than one-third of adults (35%) in the country use tobacco, out of which 21% use smokeless tobacco, 9% smoke and 5% use both. The prevalence of overall tobacco use among men was 47.9% and among women was 20.2%. Global Youth Tobacco Survey, India, 2009, estimate 14.6% of 13-15 years school going children use tobacco.

There is urgent need for addressing the tobacco epidemic in India. Though effective interventions for tobacco cessation such as brief counselling, nicotine replacement therapy, non-nicotine pharmacotherapy are available, their use by general practitioners is restricted due to lack of adequate dissemination of information in their use.

Use of these simple assessment tools and practice of these effective interventions by general medical and healthcare practitioners will go a long way in addressing the rising tobacco epidemic in India and making general healthcare more comprehensive.