

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.