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Research Article

**TREATMENT AND OUTCOME OF THIRD DEGREE  
HEMORRHOIDS WITH STAPLED HEMORRHOIDECTOMY**

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**Abstract:**

**Purpose:** To investigate the outcome of hemorrhoidectomy with staples in third degree hemorrhoids. **Materials and methods:** This study included 50 patients who underwent stapled hemorrhoidectomy. **Place and Duration:** The study was performed between February 2015 to February 2016 in Surgical Unit of DHQ Gujranwala for the period of one year.

**Study Design:** Prospective interventional study.

**Findings:** In third degree hemorrhoids stapled hemorrhoidectomy (SH) was performed in 50 patients. There were minimal pain in three patients and only one patient had persistent pain and there was a small postoperative bleeding that was treated conservatively in one patient.

**Conclusion:** In the treatment of third degree hemorrhoids SH is an effective surgical procedure. There is strong proof that SH produces less pain postoperatively and has earlier activity than other procedures. In our experience for third degree hemorrhoids SH is the preferred treatment in hospitalized patients.

**Key words:** Third degree hemorrhoids, stapled hemorrhoidectomy (SH).

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**INTRODUCTION:**

Stapled hemorrhoidectomy (SH) is an alternative advanced surgical intervention for hemorrhoids globally. Randomize control studies have shown that SH produces much less pain, leads to premature minimal morbidity and mobility in short duration follow-up. Hemorrhoids are vascular connective tissue cushions and non-pathological tissue in the anal canal, which are believed to contribute to the continuity of the anal canal. A conservative slant is emphasized when there are other conditions, such as grade 1 or pregnancy. Other procedures such as sclerotherapy, infrared photocoagulation, cryotherapy, laser therapy and elastic band ligation used in early diagnosis hemorrhoids. For hemorrhoids of grade 3 or 4 conventional hemorrhoidectomy is indicated and is recommended for the same Prolapsed Hemorrhoids (PPH) procedure.

**MATERIALS AND METHODS:**

**Acceptance Criteria:** patient with third degree hemorrhoid diagnosis and prolapse between the ages of 21 and 60 years.

**Exclusion Criteria:** (1) strangulated thrombosis, Hemorrhoids and gangrene (2) Fistula, Hemorrhoid fissures (3) recurrent hemorrhoids.

Previous work was done at between February 2015 to February 2016 in Surgical Unit of DHQ Gujranwala for the period of one year. This is a intervention prospective study. 50 (n = 50) of total patients were selected for the study, pre-designed with a profoma filled. With viral markers of third-degree hemorrhoid C patients selected routine investigations confirmed to be hepatitis B and were admitted overnight before surgery confirmed by inclusion criteria. Simple enema was applied at night. Most patients were

discharged after surgery very next morning as long as there was no complaint. After surgery, the patients were followed up once a week for six months, and once a month for one month. On follow-up, they requested patients with post-operative pain, rectal bleeding, incontinence and long-term monitoring of anal stenosis and hemorrhoid recurrence. An expert anorectal stapler (PPH group, Ethicon Endo-Surgery, Cincinnati). Is used for hemorrhoidectomy circularly. At first the data was entered into MS-Excel and with 11.0 version of SPSS was analyzed for descriptive frequencies.

**Surgical intervention:** Under spinal anesthesia all patients were operated in the lithotomy position. A round anal dilator was placed and sutures were applied. Through a dilator anoscope was introduced. Prolene 2/0 were sutures were applied in the periphery 3 cm superior to the dentate line against the submucosa and mucosa and together placed to provide better strength in the mucosa. Through the dilator the stapler was inserted. Beyond the sewing line the anvil was placed connected to the bar. The sutures ends were removed along the suture lateral channel with the suture transporter. The staple was turned off and pulled out after thirty seconds. Donut has been examined to determine the entire circumference of the mucosa. The anoscope was repositioned to monitor the bleed. The anal channel was not wrapped.

**RESULTS:**

Fifty patients with third degree hemorrhoids were selected for SH during the year 02; 11 of them (23%) were female and 40 (79%) were male. Most of the patients were 21-30 years of age group, and in the small group 41-51 years shown in (Table I).

**Table – I. Distribution of Age**

Age Group	Age Group	Male Patients (n=39)	Both (n=50)
21-30 years	21-30 years	19 (47.73%)	22 (44%)
31-40 years	31-40 years	8 (21.59%)	13 (26%)
41-50 years	41-50 years	4 (10.23%)	6 (12%)
51-60 years	51-60 years	8 (20.45%)	9 (18%)

At the outpatient clinic symptoms presentation are documented. In 15 (30%) of 50 patients Constipation and pain were present, constipation in 11 (54.5%), pain in 4 (36.3%), constipation in 39 (23.1%) and constipation in 11 (28.2%) Painful rectal bleeding was present in 13 (26%) patients; 3 (31.8%) were female and 10 (25.6%) were male. Pruritus and secretion (6%) were also present (Table II).

Table – II. Symptoms at Presentation

S#	Symptoms	Females	Males	Both
1	Prolapse on Straining	11 (100%)	38 (97.43%)	49 (98%)
2	Constipation	6 (54.54%)	9 (23.07%)	15 (30%)
3	Bleeding per Rectum	3 (31.8%)	10 (25.6%)	13 (26%)
4	Pain on Defecation	4 (36.3%)	11 (28.2%)	15 (30%)
5	Pruritis	1 (9.09%)	2 (5.1%)	3 (6%)
6	Discharge	2 (31.8%)	1 (25.5%)	3 (6%)

All patients had no problems with SH and no complications or side effects were observed during the operation. After surgery, no one complained of urinary retention and incontinence. After SH the most common complaint was early pain in 3 (6%) patients who become calm with NSAIDs. (2%) 1 patient present with pain postoperatively, probably due to a stapler line on the dentate line, stabilized with a medication for one month and the follow up of patient after six months done and stay painless. One patient underwent mild bleeding after the operation and was treated conservatively (Chart I).

Graph I. Earlier post operative Complaints after Stapled Hemorrhoidectomy:

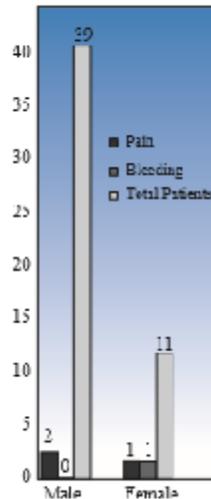


Table – IV. Long-Term follow-up upto 6 months

S#	Complications	Females (n=11)	Male (n=39)	Duration
1	Pain	1(9.09%)	Not seen	Up to 02 months
2	Wound	Not seen	Not seen	00
3	Anal Stenosis	Not seen	Not seen	00
4	Recurrent Hemorrhoids	Not seen	Not seen	00

### DISCUSSION:

The absence of a perianal wound with short stays at the hospital and minimal postoperative pain makes SH the preferred method for third-degree hemorrhoids in hospitalized patients. A recent document has shown that SH is a convenient and safe procedure that can be performed as a day care surgeon. Galizia G et al. Many other studies have been associated with our study and suggest that patients were only observed for 9-10 hours and were discharged after lunch or the next morning. To reduce sphincter muscle spasms, surgery or medical devices have been tried to reduce postoperative pain.

Different forms of analgesia and anesthesia were also used. It has also been shown that postoperative antibiotics are effective in reducing infections in reducing postoperative pain. Our study was successful in reducing analgesics and antibiotics to avoid postoperative pain and infection. The absence of open wound and posterior infection in the perianal area helps to reduce postoperative pain after SH. In addition, since the wound care is in the rectum, wound care is not necessary. Some randomized controlled trials have previously shown that pain scores are significantly lower than those with conventional hemorrhoidectomy in patients with SH.

Photograph – I showing 3<sup>rd</sup> Degree Hemorrhoid with Anoscope in place



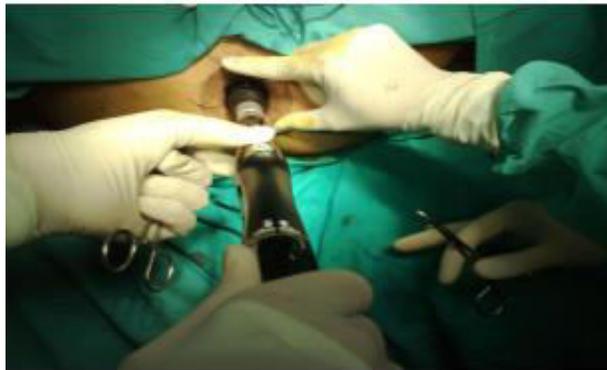
Photograph – II Purse string suture being applied to mucosa above dentate line



It has been reported that shorter hospital stay and faster return to normal activities. This is very similar to our study in which 4 (16%) of our patients had very low pain and were resolved for many hours except for a patient who stayed for three days. In our study, only one patient developed a persistent postoperative pain due to the application of a stapler on the dentate line.

WL et al. Make sure that SH is a safe procedure, without serious complications, without early bleeding. This patient was treated conservatively. In our study, there were no serious bleeding and re-entry complications after the procedure. Ho YH2 suggests that prolapsed external skin markers of superior hemorrhoidal vessel degeneration in supply may not be avoided during the postoperative period when SH is seldom perceived as a problem for patients. In our study, there was a patient who had only six months of disappeared skin after he was taken. Giano et al.

Photograph – III Circular stapler being fired after tying purse string sutures around the anvil



On an average follow-up of 16 months, they observed that the self-reporting skin prolapse was more common in the SH group. More recently, Racalbuto showed long-term follow-up at 48 months, 94% of these cases were found to have flow and significant stenosis or incontinence bleeding, SH prolapse control. In our study, prolapse, hemorrhage, and mucus secretion were observed 100% after the end of SH symptoms. it is an effective surgical procedure in the treatment of third degree hemorrhoids procedure SH.21-22

#### CONCLUSION:

There are very few published reports on SH long-term outcomes. There is strong evidence that SH has less postoperative pain and has earlier activity than other procedures. According to our experience, SH is the best treatment option for third degree hemorrhoids in hospitalized patients in properly selected patients.

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