

SURGERY OF HAEMORRHOIDS
THESIS

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GENERAL SURGERY

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“وقرر ربى زدنى علها”



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INTRODUCTION

INTRODUCTION

Piles are one of the most important problems that affect people all over the world and usually people with piles are anxious and afraid from the treatment as it is difficult and painful as thought by many of these people . Piles affect both males and females, usually of age between 20 - 60 years but it is rare in children .

Several theories are present as regards pathogenesis of piles but the most accepted one is that it is due to prolapse of anal mucosa due to fragmentation of muscularis submucosae and formation of vascular cushions under the anal mucosa and these prolapse through the anus . Piles vary in severity of symptoms from prolapsed masses not disturb the patient to degree which cause pain , discharge , pruritus and bleeding .

Several methods of treatment are now present ranging from medical treatment either oral or rectal application of drugs . This medical treatment is not widely used due to the facility , spread and effectiveness of the other methods of treatment which include :

- Injection therapy : which is used for cases of 1st and 2nd degree piles to control bleeding .
- Rubber band ligation : used mainly in treatment of 2nd degree piles and to treat bleeding internal haemorrhoids .

- Anal dilatation : it is reserved to patients with painful bleeding piles and not used in patients whose chief complaints are prolapse and soiling .

- Cryo surgery : it is an effective methods in dealing with advanced haemorrhoids , and it does not cause immediate or 2ry Hge, not cause P.o pain , not cause anal stenosis and also it provides brief hospitalization period .

- Infra red coagulation : it is the latest innovation in the treatment of internal haemorrhoids . It is preferable to injections or rubber band ligation for haemorrhoids that do not prolapse , as it causes less pain and fewer complications .

- Operative treatment : there are five types of operations of piles :

[I] Ligature and excision operation :

- The best and most widely practiced operation .
- It is easy in performance .
- High curative rate and low incidence of complications

[II] Sub mucosal haemorrhoidectomy :

- Difficult technique.
- Needs Jack Knife-position .
- Difficult to control bleeding .
- High recurrence rate .
- It's advantage is that it causes least pain in post operative period than other methods and also not cause p.o. stenosis .

[III] Excision with suture :

- It is not widely used as it causes severe p.o pain .
- It's advantage is the small raw area remaining at the end of operation and cause rapid healing .

[IV] Excision of the entire pile bearing area with suture [White head operation] :

This operation is not used because it causes considerable blood loss during it's performance also it causes certain degree of incontinence , poor wound healing leading to fibrosis and stricture of anal orifice . For these reasons it is not used in Britain but still used by American surgeons for treatment of large intero-external piles or even routinely .

[V] Excision with clamp and cautery :

It is difficult technique and not used by many surgeons although it has the advantage of causing less discomfort than excision and ligature operation , seldom causes stricture formation and it does not involve opening of the tissue planes which guard against sepsis.

In our work we choose three operative methods of treatment of internal haemorrhoids which are :

I - Ligature and excision

II - Submucosal excision

III- Excision with suture

each operation is performed on 10 patients with 3rd degree internal haemorrhoids under general anaesthesia . Then follow up of these patients for 6 months after the operation as regards P.o pain , bleeding , initial raw areas and subsequent epithelialization , wound healing , development of fibrosis and stenosis , formation of skin tags and recurrence of piles . The results are collected and compared with results of other works . The results are :

1- The ordinary ligature and excision operation is the most generally serviceable procedure , as it is quick and simple to perform , requires no special equipment . It has very high cure rate , with low incidence of complications but it has longer healing time . Also it is performed in the lithotomy position .

2- The submucosal haemorrhoidectomy , its technique is rather tedious as regards dissection of the haemorrhoids from the mucous membrane without button holing , and it has no superiority over the other techniques even in regard to P.o pain . It takes a

longer operative time . The procedure seems easier with the Jack Knife position which the surgeons and anaesthetists are not familiar with it in Egypt. The recurrence rate is higher with this method .

3- Excision with primary suture is slightly more painful than other methods . It is only partly successful in the prospect that it avoids open external wounds .