



RESEARCH ARTICLE

A STUDY OF COMPARISON BETWEEN CLOSED AND OPEN HAEMORROIDECTOMY

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ABSTRACT

Introduction: Haemorrhoids is one of the commonest clinical condition that we have come across in our surgical practice. It is one of the commonest troublesome disease also. It is usually diagnosed by their external appearance, symptoms obtained from the patients, proctoscopic examination, per rectal examination, and sigmoidoscopic examination. To rule out carcinoma rectum all cases should be screened by sigmoidoscopy. All patients of haemorrhoids cannot be treated with only one procedure, each of them is to be evaluated correctly with clinical findings, proctoscopic and sigmoidoscopic examinations. Sometimes manometric study may be necessary for the correct procedure.

Materials and Methods: In this study, 100 Patients were evaluated in thanjavur medical college for open and closed haemorrhoidectomy from May 2015 – May 2016. Those patients were evaluated for advantages and disadvantage in both procedure and final outcome were studied based on the postoperative outcome and followup.

Observation: In this study majority of cases were above fifty years of age and constituting about 50 percent.

Male female ratio approximately 2.4 :1

Two patients have the positive family history

Among the 100 cases bleeding was the presenting feature in 68 cases, 64 cases had prolapse, 26 had anal discharge, 18 patients had the anal irritation.

Operating time is shorter in the open method, in closed method operating time was slightly longer

Wound healing was delayed in open operation patients.

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INTRODUCTION

In this study the clinical presentation, comparison of OPEN VS CLOSED HAEMORROIDECTOMY in the patients admitted in TMCH during the period of 2015 – 2016

1. To study the age incidence of haemorrhoids.
2. To study the sex ratio of haemorrhoids.
3. To analyse the clinical presentation of haemorrhoids.
4. Comparison between closed and open haemorrhoidectomy.

MATERIALS AND METHODS

Haemorrhoidectomy is the treatment of choice for patients with third, fourth degree haemorrhoids and large second degree haemorrhoids. The purpose of the study was to compare these

techniques with respects to operating time, Analgesic requirement, hospital stay, morbidity rate, duration of inability to work, healing time, and other late complications of surgery.

Method

In this prospective randomised study hundred patients with second and third degree haemorrhoids were selected. Group 1 Open Haemorrhoidectomy done for 50 patients and Group 2 Closed Haemorrhoidectomy for 50 patients. Open Haemorrhoidectomy were performed according to Milligan Morgan operation, Closed haemorrhoidectomy according to Ferguson technique. No difference in each group of patients observed. The patients were followed for one year from May 2015-May 2016.

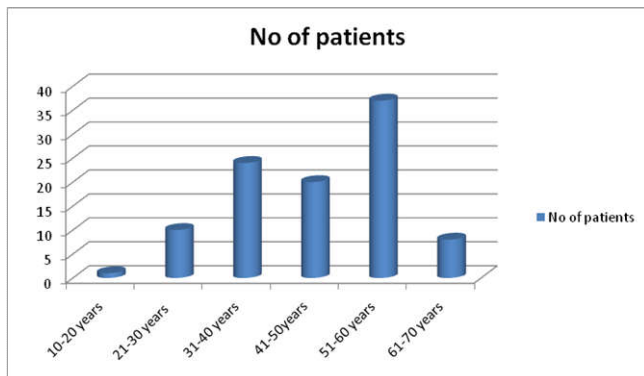
Observation

In this study we have taken 100 cases of haemorrhoids in Thanjavur medical college and hospital, during a period of one years 2015-2016.

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Age incidence

In this study majority of cases were above fifty years of age and constituting about 50 percent, among the 100 cases 45 percent were above 50 years of age

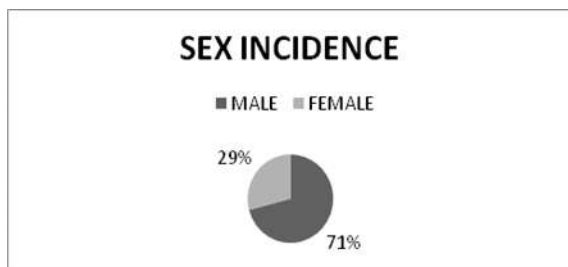


Age in years	No of patients	Percentage %
10-20	1	1
21-30	10	10
31-40	24	24
41-50	20	20
51-60	37	37
61-70	8	8

Sex incidence

Among the 100 hundred cases 71 were male and females 29. Male female ratio approximately 2.4 : 1

Total no of patients	Male	Female
100	71	29



Family predisposition

Only two patients have the positive family history, their fathers had previous history of haemorrhoids.

Clinical presentation

In our study bleeding and prolapse were the two cardinal symptoms.

Bleeding

In this study bleeding was one of the main presenting feature in most of the cases.

Among the 100 cases bleeding was the presenting feature in 68 cases.

Prolapse

Prolapse is the another main presenting feature in this study. Among the 100 cases, 64 cases had prolapse.

Discharge

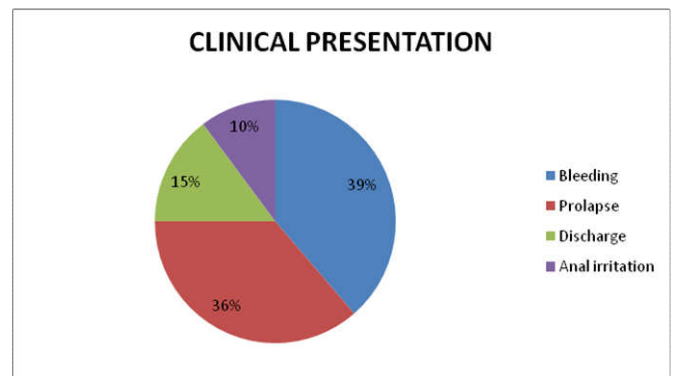
Among these 100 cases, 26 had anal discharge.

Anal irritation

Among these hundred patients, 18 patients had the anal irritation.

Symptoms of secondary anemia

In the study among these 100 patients, 48 patients were anemic and about 26 had the symptoms of secondary anemia and 9 patients were severely anemic.

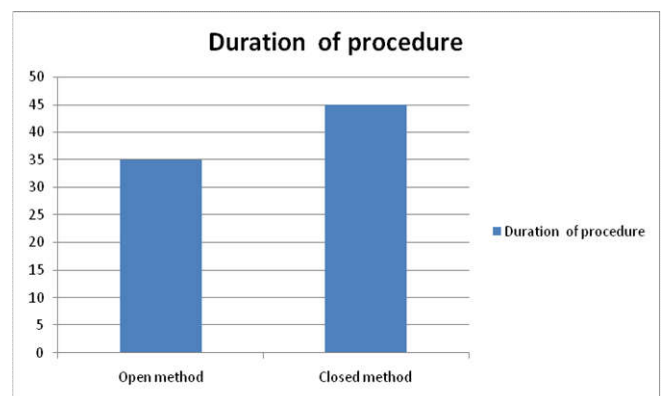


Symptoms	No of cases
Bleeding	68
Prolapse	64
Discharge	26
Anal irritation	18

Operating time

Operating time is shorter in the open method, in closed method operating time was slightly longer.

Open method	Closed method
35±7 Minutes	45±8 Minutes



Post operative pain

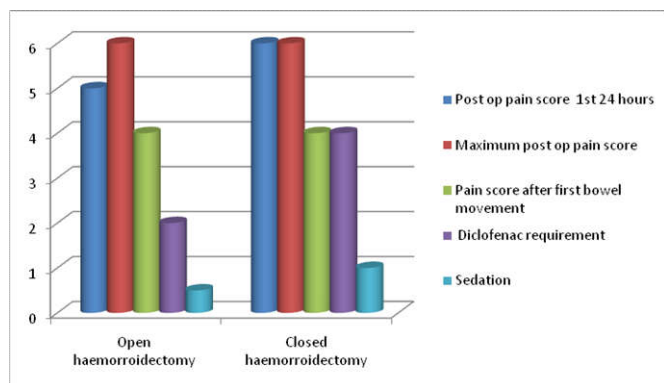
The degree of pain after haemorrhoidectomy is considered by many to be the main reason, while patient resist operation. There was modifications in procedures for reduction of post operative pain. Various studies were conducted to asses the severity of pain.

In this study we compared the open technique (Milligan Morgan) with closed haemorrhoidectomy (Fergusons).

Pain score	Open haemorrhoidectomy	Closed haemorrhoidectomy
Post Operative pain score during 1 st 24 hours	5(1-8)	6(2-8)
Maximum post operative pain score	6(3-9)	6(2-8)
Pain score after first bowel movement	4(0-9)	4(0-9)
Diclofenac requirement (75 mg of injection)	2(1-10)	4(2-10)
Sedation (Inj Pentazocine 30 mgs) + (Inj promethazine 25mgs)	0.5(0-1)	1(0-1)

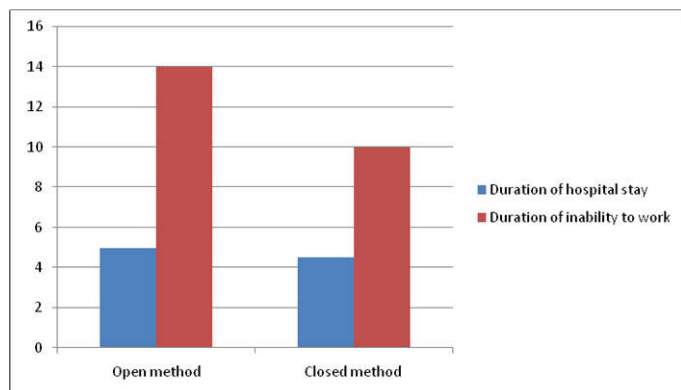
Pain scores

0- No pain.
10-worst pain.



Length of hospital stay

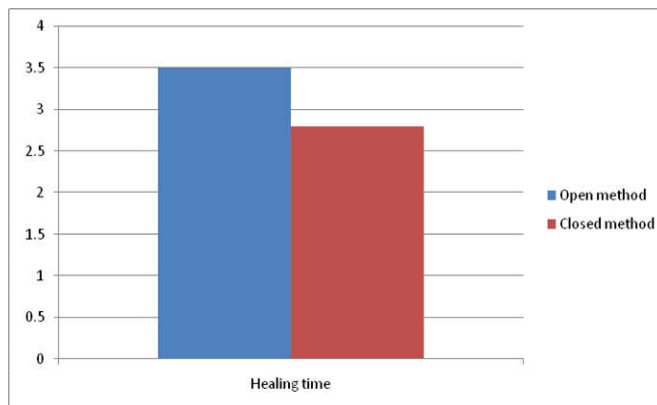
	Open method	Closed method
No of days	5 days	4.5 days
The duration of inability to work	14 days	10 days



Healing time

Healing time of wound in both groups

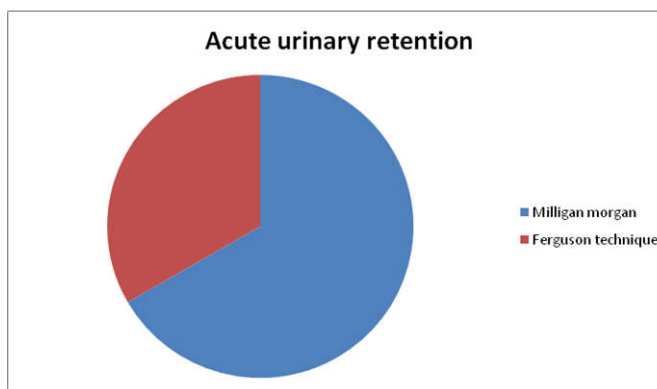
	Healing time
Open method	3.5±0.5 weeks
Closed method	2.8±0.6 weeks



Acute retention of urine

No of patients that required catheterisation after surgery were

Name of the operation	No of patients
Milligan morgan technique	4
Ferguson technique	2



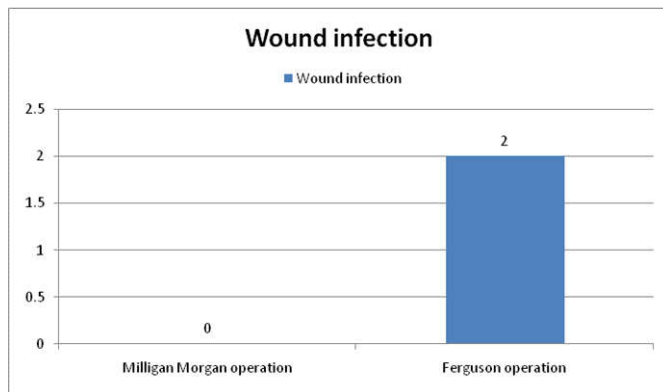
Reactionary or secondary hemorrhage

In this study none of the patients developed reactionary or secondary hemorrhage.

Wound Infection

In both groups the wound infection was not significant only two patients after closed haemorrhoidectomy was found to have wound infection.

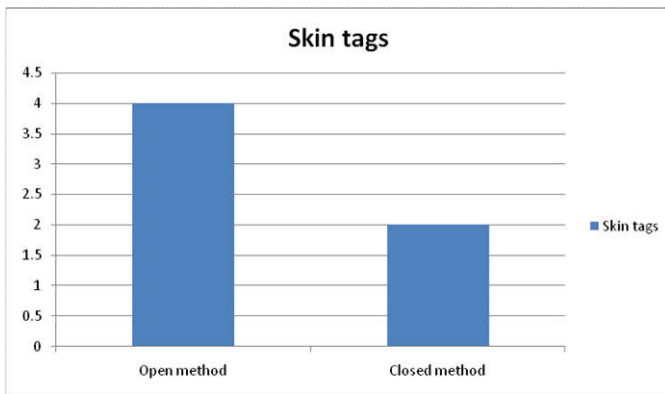
	No of patients with wound infection
Milligan morgan operation	0
Ferguson operation	2



Formation of skin tags

Skin tags after open method were seen in 4 patients and after closed method in 2 patients.

	No of patients developed skin tags
Open method	4
Closed method	2



Incontinence

Minimal soiling was found in early post operative period none had serious impairment of continence.

Anal stenosis

None developed anal stenosis in both groups during the follow up period.

RESULTS OF THE STUDY

The experience in the series of 100 patients with haemorrhoids treated at Thanjavur Medical College and Hospital, Thanjavur have been reviewed.

The peak age incidence is above the age of 50 years. There is male preponderance in sex incidence.

Most of our patients had bleeding and prolapse as presenting features, family preponderance in our study is only 2%

1. The operating time was slightly lower in open haemorrhoidectomy than closed haemorrhoidectomy.

2. Post operative pain was not significantly different in both groups.
3. The mean duration of hospital stay and duration of inability to work was significantly different.
4. Wound healing was delayed in open operation patients.

No other major late complications was recorded.

Even though in open haemorrhoidectomy the healing time is longer open method is more advantageous with respect to lower operating time, lower post operative discomfort and poor follow up of our patients.

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