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Research Article

**COMPARE THE FREQUENCY OF PAIN AND BLEEDING
AFTER HEMORRHOIDECTOMY AND RUBBER BAND
LIGATION IN PATIENTS WITH THIRD DEGREE
HEMORRHOIDS**Dr. Aamna Abid, Dr. Syed Mohsin Mehmood, Dr. Nayab Chaudhary
UHS, Lahore**Article Received:** March 2019**Accepted:** April 2019**Published:** May 2019**Abstract:****Background:** *There are many ways to remove hemorrhoids but it depends on grade of a disease.***Objective:** *This study aimed to compare the frequency of pain and bleeding after hemorrhoidectomy and rubber band ligation in patients with third degree hemorrhoids.***Study design:** *It was a group study.***Duration:** *The time period for this study was 2 years.***Material and Methods:** *This study was done in Surgery Department, Mayo Hospital Lahore. Patients selected were of third grade hemorrhoids. There were two groups of patients with 70 patients each. Effect of hemorrhoidectomy and rubber band ligation was studied from the observations.***Results:** *Forty- nine and 47 patients were male from group A and group B respectively. In group A, 2 patients had mild pain after operation. Twenty-two patients in group B showed mild pain after surgery. In group-A, one patient and 31 patients from group B showed moderate pain. Two patients from group A and 10 patients from group B have shown mild bleeding. One patient belonging to group A and 8 patients from group B developed severe bleeding after surgery.***Conclusion:** *Rubber band ligation is reliable procedure with less complications.***Key words:** *Milligan Morgan Hemorrhoidectomy, Rubber Band Ligation, Pain, Bleeding.***Corresponding author:**Dr.Aamna Abid,
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INTRODUCTION:

Hemorrhoids are swollen veins in lowest rectum and anus. Different kinds of treatments are done in this disease and it involves injection, surgical removal of hemorrhoids and rubber band ligation [1,2,3]. Most often, hemorrhoidectomy and rubber band ligation are performed [4]. In 1st, 2nd and 3rd degree hemorrhoids, rubber band ligation is performed and it is reliable [3,5]. Rubber bands are applied to anal mucosa in order to make hemorrhoids dead and it shows multiple safe ligations [1,3,5]. Rubber band ligation showed less complications with no anaesthesia [6]. Morgan Hemorrhoidectomy is also very commonly used [7]. In hemorrhoidectomy, hemorrhoids are surgically removed and is a painful treatment requiring anaesthesia [6 -8].

Rubber band ligation is now performed on 2nd and 3rd degree hemorrhoids and is almost painless because of absence of sensory nerves above the dentate line [3,5,9]. Milligan Morgan Hemorrhoidectomy is commonly used for 3rd and 4th degree hemorrhoids [7,8]. This study was done to compare these two treatments in third degree hemorrhoids patients.

MATERIALS AND METHODS:

It was a random clinical trial. Study was performed on third degree hemorrhoids patients at Mayo Hospital Lahore. There were two groups of patients containing 70 each. On one group, rubber band ligation was performed and hemorrhoidectomy, on another. Effects of these treatments in terms of pain and bleeding were studied between two groups. Pain

was observed on a ten-point visual analog scale and was categorized as mild, moderate and severe [9,10].

Postoperative bleeding:

When there were few drops on straining, it showed mild bleeding. When blood came in the form of splash, it was considered severe. Data was noted. The statistical analysis was done by SPSS version 22.

Table I: Hemorrhoids grading / degrees

First degree	Bleeding, no prolapse
Second degree	Prolapse at defecation with spontaneous return to anal canal
Third degree	Prolapse requiring re – positioning
Fourth degree	Irreducible prolapse

RESULTS:

There were 140 total patients with 70 each in two groups. Forty-nine patients in group A and 47 patients in group B were male. In terms of pain, 2 patients of group A and 22 patients showed mild pain. One patient of group A and 31 patients of group B faced moderate pain while 1 patient of group A and 11 patients shown severe pain after surgery. Two patients from group A and 10 patients from group B have shown mild bleeding. Severe bleeding was observed in 1 patient of group A and 8 patients from group B, after operation.

Table II: Distribution of cases by gender

Gender	Group – A Rubber Band ligation		Group - B Milligan Morgan hemorrhoidectomy	
	No.	%	No.	%
Male	49	70.0	47	67.2
Female	21	30.0	23	32.8
Total	70	100	70	100

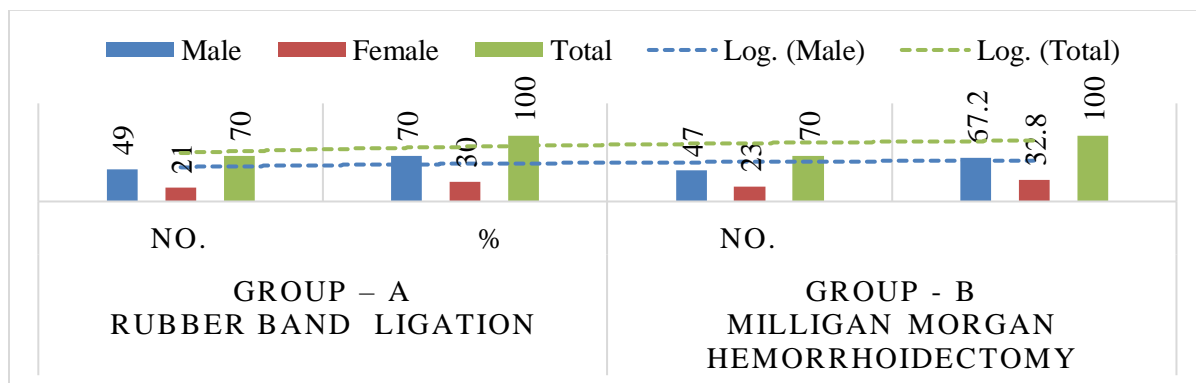


Table III: Postoperative pain

Pain	Group – A Rubber Band ligation		Group – B Milligan Morgan		2 P value
	No.	%	No.	%	
Mild	02	02.9	22	31.4	20.11 P = 0.001
Moderate	01	01.4	31	44.3	36.46 P = 0.001
Severe	01	01.4	11	15.7	9.44 P = 0.002
No pain	66	94.3	06	08.6	102.94 P = 0.001

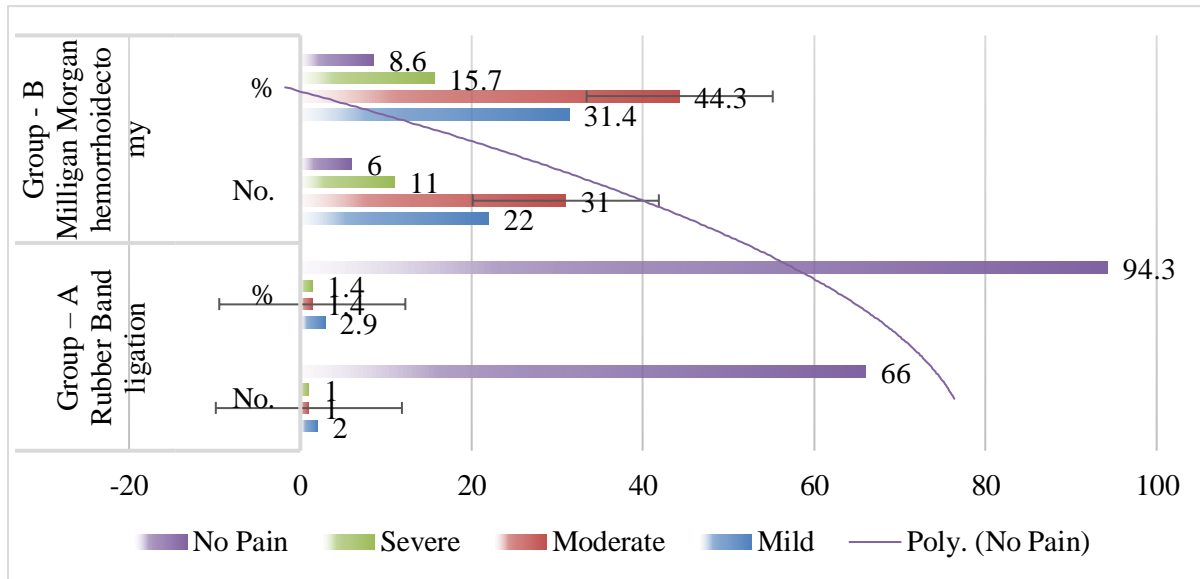
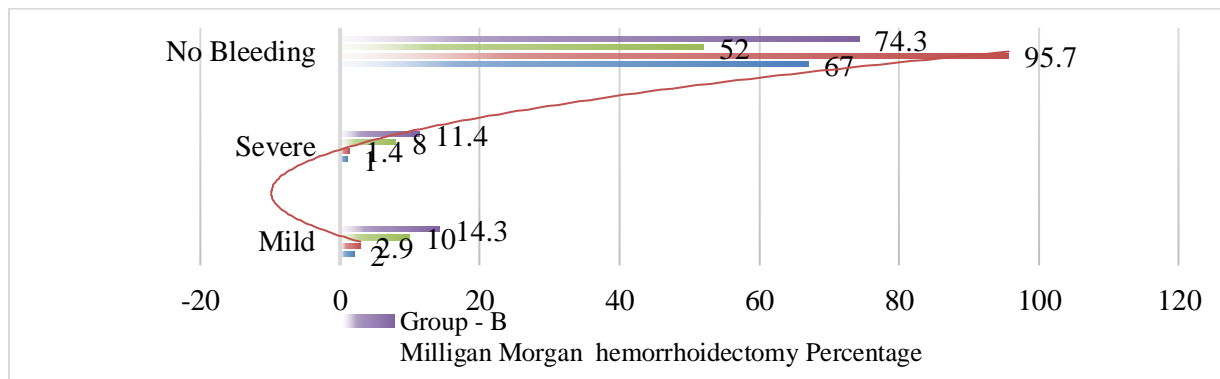


Table IV: Postoperative bleeding

Bleeding	Group – A Rubber Band ligation		Group - B Milligan Morgan		2/ P value
	No.	%	No.	%	
Mild	02	02.9	10	14.3	5.85 P = 0.015
Severe	01	01.4	08	11.4	5.82 P = 0.015
No bleeding	67	95.7	52	74.3	12.61 P = 0.001



Follow Up:

Patients belonging to both groups were examined on 7th day, 2 weeks, 3 & 6 months after operation to check for pain and bleeding afterwards.

DISCUSSION:

Hemorrhoids are swollen veins in lowest rectum and anus. They usually show no symptoms and may occur at any age affecting both genders equally [10,11,12]. Almost 30% population suffer from hemorrhoids. Often, blood loss and hygiene problems occur. Rubber band ligation is safe and reliable treatment for their cure. Hemorrhoidectomy is also used but it involves more number of complications. Due to this, hemorrhoidectomy was considered outdated by the Dutch Institute for Healthcare Improvement guideline of 1994 [13,14,15]. Hemorrhoides may occur at any age but mostly found in 5th decade of life [16,17,18]. According to Aroya et al, the mean age of hemorrhoids patients was 43.5 years [16]. In current study, mean age of patients was 47.5± 9.1 years. Majority patients are male. You et al reported a male to female ratio of 1:1 when compared with other studies [17]. Ahmed et al, Rafiq and Scott presented comparable results in two studies [18,19]. The current study is comparable with that of Khubchandani [20]. Mostly, women suffering from this disease fail to get proper medical treatment. Frequency of Milligan Morgan group showed wide variation but remained high at the end of 10 days [21,22,23]. More pain and complications were observed in this group. In current study, bleeding was very prominent and more severe in Milligan Morgan group. The results of this study are supported by Al Mulhim et al, and Hadi et al [24,25]. Rubber band ligation was also proved effective for hemorrhoids by Kumar et al [26].

CONCLUSION:

Rubber band ligation is safe and reliable treatment third degree hemorrhoids.

REFERENCES:

1. Dilawaiz, Murtaza G, Rasheed A, Hussain R. Rubber band ligation; postoperative complications after treatment of internal hemorrhoids. *Professional Med J* 2007; 14: 104 - 11.
2. Hadi A, Awan Z, Anwar F, Khan M, Iqbal Z. Experience of rubber band ligation for hemorrhoidal disease. *Pak J Med Res* 2011; 50:104-7.
3. Caro A, Olona C, Vicente V, Goncalves C, Jimenez A. Grade 3 hemorrhoidal treatment: rubber band ligation or hemorrhoidectomy a prospective study. *Ambulatory Surgery* 2010; 16.3:56 -61.
4. Lorenzo Rivero S. Hemorrhoids: diagnosis and current management. *AmSurg* 2009; 75:635 -42.
5. GajF, TreccaA. Hemorrhoids and rectal internal mucosal prolapse: one or two conditions? A national Survey. *TechColoproctol* 2005;9: 163-5.
6. Khan FN, Shah HSS, Rasul S, Bokhari, Mahboob S, Gulfam AM, et al. Outcome of stapled hemorrhoidectomy versus Milligan Morgan hemorrhoidectomy. *J Coll Physicians Surg Pak* 2009;19 :561 -5.
7. Khan AN, Khan NA. A prospective study of outcome from rubber band ligation in third degree hemorrhoids. *J Pak MedAssoc* 2010; 60:952 -5.
8. Uras C, Baca B, Boler DE. Circular stapled hemorrhoidopexy: experience of a single center with 445 cases. *WorldJ Surg* 2008;32: 1783-8.
9. Gaglo MA, Hijaz SW, Nasir SA, Reyaz A, Bakshi IH, Chowdary NA, et al. Comparative study of hemorrhoidectomy and rubber band ligation intreatment of second and third degree hemorrhoids in Kashmir. *Indian JSurg.* 2013 Oct; 75(5): 356 -60.
10. Khan KJ, Irshad K, Younes N, Ahmed R, Chaudhry AA. Stapled hemorrhoidectomy: Hope or hype. *Ann King Edward Med Coll* 2004; 10:491 -2.
11. Lunniss PJ, MANN CV. Classification of internal hemorrhoids: a discussion paper. *Colorectal Dis* 2004; 4:226 -32.
12. Burger JW, Eddes EH, Gerhards MF, Doornebosch PG, de Graaf EJ. Two new treatments for hemorrhoids, Doppler guide dhemorrhoidal artery ligation and stapled anopexy. *Ned Tijdschr Geneesk* 2010; 154: A787.
13. Ho YH, Scochoen F, Tan M, Leon AF. Randomized control trial of open and closed hemorrhoidectomy. *Br J Surg* 1997; 84:1729 -30.
14. Aroya Perez F, Miranda E et al. Open versus closed day case hemohroidectomy: is there any difference? Results of prospective randomized study. *Int J Colorectal Dis* 2004; 19:370 -3.
15. You SY, Kim SH, Chung CS, Lee DK. Open versus closed hemorrhoidectomy. *Dis Colon Rectum* 2005; 48: 108 -13.
16. Ahmed AN, Noor F, Hussain RA, Chowdry ZA, Qadir SNR. Strengths and limitations of close versus open hemorrhoidectomy in patients of second and third degree hemorrhoids. *Ann KE Med Coll* 2003; 9:219 -20.
17. Rafiq K, Scott PD, Closed versus open hemorrhoidectomy little to choose between two techniques. *Ann KE Med Coll* 2001;7: 6 -7.

18. Khubchandani IT. A randomized comparison of single and multiple rubber band ligations. *Dis Colon Rectum* 1983;26: 705 -8.
19. Ellaban GM, Stapled hemorrhoidectomy versus traditional hemorrhoidectomy for the treatments of hemorrhoids. *World J Colorec Surg* 2010; 2:1 -23.
20. Gupta PJ. Effect of red chilli consumption on post-operative symptoms during the post hemorrhoidectomy period: Rndpomized, doubleblind, controlled study. *World J Surg* 2007; 31:1822 -6.
21. Al Mulhim SA, Ali MA, Al Masuod N, Alwahidi A. Post hemorrhoidectomy pain: A randomized controlled trial. *Saudi Med J* 2006; 27:1538 -41.
22. Hadi A, Khan AS, Awan Z, Zafar H, Shah OF, Rahman A, et al. Postoperative outcome of open versus closed hemorrhoidectomy. *J Postgrad Med Inst* 2011; 25:252 -6.
23. Watson NFS, Liptrott S, Maxwell –Armstrong CA. A prospective audit of early pain and patient satisfaction following outpatient band ligation of hemorrhoids. *Ann R Coll Surg Eng* 2006; 88; 27 -9.
24. El Nakeeb MA, Fikry AA, Omar HW, Fouda ME, El Metwally AT, Ghazi EH, et al. Rubber band ligation for 750 cases of symptomatic hemorrhoids out of 2200 cases. *World J Gastroenterol* 2008; 14: 6525-30.