Haemorrhoidectomy: Tips and Tricks of the Postoperative Period

By

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Surgical management of hemorrhoids should aim to provide a definite cure or long-term relief of symptoms using techniques that are safe, preserve the anorectal function, and make the patient's quality of life an important priority.

Pain after conventional versus Ligasure haemorrhoidectomy. A meta-analysis

Volume 8, Issue 4, 2010, Pages 269-273

International Journal of Surgery

S.W.NienhuijsI.H.J.T.de Hingh

Conclusion:

Significantly less immediate postoperative pain after haemorrhoidectomy without any adverse effect on postoperative complications, convalescence and incontinence rate.

Harmonic Scalpel hemorrhoidectomy: a painless procedure?

[Article in English, Serbian]

Ivanov D¹, Babović S, Selesi D, Ivanov M, Cvijanović R.

conclusion:

Harmonic Scalpel hemorrhoidectomy, due to less thermal damage, statistically significantly reduced postoperative pain.

Literature review of the role of lateral internal sphincterotomy (LIS) when combined with excisional hemorrhoidectomy

Article · Literature Review in <u>International Journal of Colorectal Disease</u> 31(7) · May 2016

Conclusion

LIS effectively reduced postoperative pain and need for analgesics following excisional hemorrhoidectomy. LIS also managed to decrease incidence of postoperative urinary retention and anal stenosis significantly. The negative aspect of adding LIS to excisional hemorrhoidectomy was developing minor FI after surgery which was temporary in duration.

Stapled haemorrhoidectomy (haemorrhoidopexy) for the treatment of haemorrhoids: A systematic review and economic evaluation

Article · Literature Review (PDF Available) in <u>Health technology assessment</u> (Winchester, England) 12(8):iii-iv, **Conclusions:**

SH was associated with less pain in the immediate postoperative period.

Doppler-Guided Hemorrhoidal Artery Ligation: An Alternative to Hemorrhoidectomy

George Felice, M.D., F.R.C.S.(Engl.), Ph.D.(Lond.), Antonio Privitera, M.D., M.R.C.S.(Edinb.), Ernest Ellul, M.D., F.R.C.S.(Edinb.), Maria Klaumann, M.D Dis Colon Rectum 2005; 48: 2090–2093

Conclusion

Doppler-guided ligation of the hemorrhoidal artery is a safe and effective alternative to hemorrhoidectomy and is associated with minimal discomfort and low risk of complications

Effect of Glyceryl Trinitrate Ointment on Pain Control After Hemorrhoidectomy: A Metaanalysis of Randomized Controlled Trials.

<u>World J Surg.</u> 2016 Jan;40(1):215-24. doi: 10.1007/s00268-015-3344-6.<u>Liu JW</u>¹, <u>Lin CC</u>², <u>Kiu KT</u>³, <u>Wang CY</u>¹, <u>Tam KW</u>^{4,5,6,7}.

CONCLUSION:

Topical application of glyceryl trinitrate effectively relieves pain and promotes wound healing after hemorrhoidectomy; however, the substantial headache incidence may limit extensive application.

Prolonged Opioid-Sparing Pain Control after Hemorrhoidectomy with Liposome Bupivacaine: Results from a Cohort of

95 Patients

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A total of 266 mg/20 mL of undiluted liposome bupivacaine was equally infiltrated into 4 quadrants of the deep subcutaneous adipose tissue just outside the sphincter (ischiorectal space) and beneath the incision lines.

Postoperativeanalgesiaforhemorrhoidectomywithbilateralpudendalblockadeonanpatient: a controlledclinical study

Luiz Eduardo Imbelloni1, Eneida Maria Vieira2, Antonio Fernando Carneiro3 controlled clinical study. **J Coloproctol**, 2012;32(3): 291-296.

At the end of the surgery, The Pudendal Group patients received 20 mL levobupivacaine after stimulation of pudendal nerves. Bilateral blockade of pudendal nerves was performed with the patient in lithotomy or ventral decubitus position, still under the effect of spinal anesthesia

Efficacy of cholestyramine ointment in reduction of postoperative pain and pain during defecation after open hemorrhoidectomy: results of а prospective, single-center, randomized, double-blind, placebo-controlled trial. World J Surg. 2013 Mar;37(3):657-62. doi: 10.1007/s00268-012-1895-3 Ala S¹, Eshghi F, Enavatifard R, Fazel P, Rezaei B, Hadianamrei R.

CONCLUSIONS:

Compared with placebo, cholestyramine ointment (15%) reduced postoperative pain at rest and on defecation, and consequently lowered the analgesic requirement after open hemorrhoidectomy.

Topical metronidazole can reduce pain after surgery and pain on defecation in postoperative hemorrhoidectomy.

<u>Dis Colon Rectum.</u> 2008 Feb;51(2):235-8. doi: 10.1007/s10350-007-9174-3. Epub 2008 Jan 4.

CONCLUSION:

These finding indicate that topical 10 percent metronidazole significantly reduce post hemorrhoidectomy discomfort, and postoperative defecation pain is reduced compared with that of the placebo control group.

Efficacy of metronidazole versus placebo in pain control after hemorrhoidectomy. Results of a controlled clinical trial.

2015 Nov;107(11):681-5. doi: 10.17235/reed.2015.3926/2015. <u>Solorio-López S¹</u>, <u>Palomares-Chacón UR²</u>, <u>Guerrero-Tarín JE²</u>, <u>González-Ojeda</u>

CONCLUSION:

Oral administration of metronidazole is effective in pain management after hemorrhoidectomy

Avoidance of Anal Stenosis After Hemorrhoidectomy

Preservation of sufficient intact anoderm between excision sites, generally considered at least 1 cm of intact intervening anoderm. Additionally, limiting the number of hemorrhoids excised in a given setting will also help to limit the incidence of postoperative stenosis.

Postoperative complications after procedure for prolapsed hemorrhoids (PPH) and stapled transanal rectal resection (STARR) procedures

Techniques in Coloproctology

March 2008, Volume 12, Issue 1, pp 7–19 | Cite as

<u>Authors</u>

Authors and affiliations

M. Pescatori

G. Gagliardi

Conclusion:

Meticulous technique and an accurate selection of patients may decrease the risk of adverse events.

Post-hemorrhoidectomy Fecal Incontinence

Excisional hemorrhoidal surgery and its effect on anal continence

World J Gastroenterol. 2012 Aug 14; 18(30): 4059–4063.

Yan-Dong Li, Jia-He Xu, Jian-Jiang Lin, and Wei-Fang Zhu

Conclusion:

However, patients with preoperative compromised continence may have further deterioration of their continence, hence Milligan-Morgan hemorrhoidectomy should be avoided in such patients.

Fecal Urge Incontinence After Stapled Anopexia for Prolapse and Hemorrhoids: A Prospective, Observational Study

Article (PDF Available) in <u>World Journal of Surgery</u> 33(2):355-64 · December 2008 **Conclusion:**

Fecal urge incontinence is a self-limiting side effect that with which patients need to be made familiar.

Post-hemorrhoidectomy Secondary Hemorrhage.

2005 Oct;21(5):271-278. Korean **Choi DH.** Dr. Choi's Coloproctologic Clinic, Pohang, Korea.

Conclusion:

Occurs at home between the fourth and eighteenth postoperative day and takes place in 0.98 percent of hemorrhoidectomies.

In the author's opinion, posthemorrhoidectomy secondary hemorrhage usually is not a preventable complication.

Severe rectal bleeding following PPH-stapler procedure for haemorroidal disease

<u>M. AMMENDOLA</u>, <u>G. SAMMARCO</u>, <u>A. CARPINO</u>, <u>F. FERRARI</u>, <u>G. VESCIO</u>, and <u>R.</u> <u>SACCO</u>

2014 Nov-Dec; 35(11-12): 290-292.

Conclusion:

Haemorrhage is the most important early complication. Bleeding tends to occur either immediately after surgery or between the fourth and tenth days after surgery. Four factors may help to minimize the risk of bleeding: manual overstitching of the staple line; use of the PPH03 gun, which has a smaller staple closure and is more hemostatic; tightening the gun to the absolute limit; and use of a postoperative endoanal sponge.

Postoperative urinary retention after surgery for benign anorectal disease: potential risk factors and strategy for prevention

October 2006, Volume 21, <u>Issue 7</u>, pp 676–682

Conclusion:

Urinary retention is a common complication after anorectal surgery. It is linked to several risk factors, including increased intravenous fluids and postoperative pain. Perioperative fluid restriction and adequate pain relief appear to be effective in preventing urinary retention.

THANK YOU