

Surgical Profile and Demographic Patterns in Hemorrhoids Patients Undergoing Hemorrhoidectomy in Moradabad

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ABSTRACT

Introduction: Haemorrhoids one of the commonest recto-anal diseases is defined as distal displacement and enlarged size of normal cushions which results in various symptoms. More than four percent of the world population is suffering from haemorrhoids. Haemorrhoids are not varicose veins; evolution of haemorrhoids occurs due to injury of the anal cushion. Pain is the most predominant symptoms in external piles; however, painful conditions indicate other co morbidity along with haemorrhoids. One patient among every five patients have fissure as concomitant disorder. There is intense nerve supply to anoderm. That is why ligation process is not used for external haemorrhoids. Therefore the present study was designed to study the surgical profile of haemorrhoid patients which was going to be operated for haemorrhoids.

Material and Methods: It was a cross sectional type of study which was carried out in the department of surgery of TMMC & RC, Moradabad. Present study was conducted from February 2016 to January 2018. 100 haemorrhoids patients undergoing for haemorrhoid surgery and willing to take part in the study were included in the study. Surgical profile of the patients undergoing haemorrhoidectomy was recorded in the present study. At the time of admission, patient's history age, sex, occupation etc were collected. Rest data was carried out under pre designed questionnaire. Recto-anal examination was done of every patient.

Results: It was found that maximum cases were below the age of 40 years i.e. 62.2% followed by 40-60 years of age group constituting 30% of cases. Males suffered more (73.3%) than females (26.7%). The Hindus had higher incidence (75.5%) than Muslims (24.5%). Haemorrhoids were

seen commonly among urban dwellers (87.7%) than rural dwellers (12.3%). But occupation had no impact on incidence of haemorrhoids. Recto-anal examination revealed that 55% patients among 100 patients were suffering with co-morbid conditions. Anal fissure (41%) was most common co-morbidity in haemorrhoids patients followed by external piles (10%). Further, fistula in ano was found only in 4 % patients.

Conclusion: Findings of the current study suggest that haemorrhoids were more common below 40 years of age and males and occupation was irrelevant to subjects. Moreover, piles were more prevalent in Hindu and urban patients. Bleeding and pain were most common persisting symptoms. While anaemia was uncommon symptom. Further, anal fissure was most common co-morbidity found in haemorrhoids patients.

Key Words: Haemorrhoids, Bleeding, Anaemia, Surgical Profile.

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INTRODUCTION

Haemorrhoids one of the commonest recto-anal diseases is defined as distal displacement and enlarged size of normal cushions which results in various symptoms.¹ Haemorrhoids is among the most common public health disease worldwide. Aetiology of haemorrhoids include diverse factors like hard stool, chronic constipation, vigorous straining during stool etc.² Constant pressure on blood vessels leads to distortion as well as dilatation of blood vessels; which can further injure surrounding connective tissue.³ More than four percent of the world population is suffering

from haemorrhoids. Haemorrhoids are not varicose veins; evolution of haemorrhoids occurs due to injury to the anal cushion.⁴

Three types of haemorrhoids mixed, internal and external are found. Further, external haemorrhoids are divided into acute and chronic. Internal haemorrhoids depends upon the degree of their prolapse.⁵ Pain and bleeding are the general symptoms pertaining to haemorrhoid patients. In the starting phase of haemorrhoids various medicines are used to relieve these symptoms.

However, surgery is required when patients do not respond to medication.⁶ More than 10 % patients need surgery. Moreover, patients having 3 or more than 3 haemorrhoids required surgery.³ Patients come with numerous symptoms including pain, burning and bleeding per rectum as most prominent. However, internal piles are commonly painless but bleeding is the common symptom of such type of piles.⁷ Pain is the most predominant symptoms in external piles; however, painful conditions indicate other co morbidity along with haemorrhoids. One patient among every five patients have fissure as concomitant disorder.⁸ There is intense nerve supply to anoderm. That is why ligation process is not used for external haemorrhoids.⁹ Therefore the present study was designed to study the surgical profile of haemorrhoid patients which was going to be operated for haemorrhoids.

MATERIALS AND METHODS

It was a cross sectional type of study which was carried out in the department of surgery of TMMC & RC, Moradabad. Present study was conducted from February 2016 to January 2018. 100 haemorrhoids patients undergoing for haemorrhoid surgery and willing to take part in the study were included in this study.

Informed written consent was taken from all the participants of the study. Ethical approval to the present study was given by the ethical committee of TMMC & RC, Moradabad. Detailed information about the aims and objective of the present study was given to all the patients. Patients who were not willing to take part in the study were excluded from the study.

Surgical profile of the patients undergoing haemorrhoidectomy was recorded in the present study. At the time of admission to the patients history age, sex, occupation etc were collected. Rest of data was carried out under pre designed questionnaire. Detailed history along with present symptoms of haemorrhoids was recorded.

Bowel habits and consistency of stool in the patients were recorded in detail. Family history of haemorrhoids or symptoms of rectal cancer were recorded in the present study. A study questionnaire based on standard guidelines was used for the record of systemic examination of each patient. General examination along with blood pressure, pulse and oedema were recorded of each patient.

Recto-anal examination was done of every patient. First of all careful examination was done to see external piles or fissure. After that assessment of internal piles or other pathologies like rectal carcinoma was done. Estimation of anal sphincter tone was done by palpitation.

Biochemical Estimation

Haemoglobin was estimated by using Sahli’s hemoglobin meter. Anaemia was considered as per guidelines of world health organization.

Statistical Analysis

All the data recorded in the present study was entered in the Microsoft excel for analyses.

RESULTS

Table 1 shows distribution of study subjects as per demographic parameters. It was found that maximum cases were below the age of 40 years i.e. 62.2% followed by 40-60 years of age group constituting 30% of cases. Males suffered more (73.3%) than females (26.7%). The Hindus had higher incidence (75.5%) than Muslims (24.5%). Haemorrhoids were seen commonly among urban dwellers (87.7%) than rural dwellers (12.3%). But occupation had no impact on incidence of haemorrhoids.

It is evident from figure 1 that bleeding (86%) and pain (75%) were most common symptoms in haemorrhoids patients undergoing for haemorrhoidectomy. Followed by constipation (38%), prolapse (23%), itching (20%), discharge (11%) and history of amoebiasis (6%).

Table 2 shows majority of study population was suffering from haemorrhoids for less than 1 year (52%). Among rest 48 % patients, 28% patients were suffering for less than 5 years and 12 % patients were suffering for last 5 to 10. Whereas, 8% patients were suffering from more than 10 years.

Anaemia was found in 12% haemorrhoids patients. Mild decrease of haemoglobin was observed in 16 % patients. There was normal level of haemoglobin in 72 % patients.

Recto-anal examination revealed that 55% patients among 100 patients were suffering with co-morbid conditions. Anal fissure (41%) was most common co-morbidity in haemorrhoids patients followed by external piles (10%). Further, fistula in ano was found only in 4 % patients. (Table 4)

Table 1: Demographic pattern of the patients.

Demographic	Parameters	Number	Percentage
Age	<40 years	63	63 %
	40-60 years	20	20 %
	>60 years	7	7 %
Sex	Male	62	62 %
	Female	38	38 %
Religion	Hindu	65	65 %
	Muslim	32	32 %
	Others	3	3 %
Community	Urban	74	74 %
	Rural	26	26 %
Occupation	Manual	48	48 %
	Sedentary	52	52 %
Family history	Yes	12	12 %

Figure 1: Persisting complaints of patients.

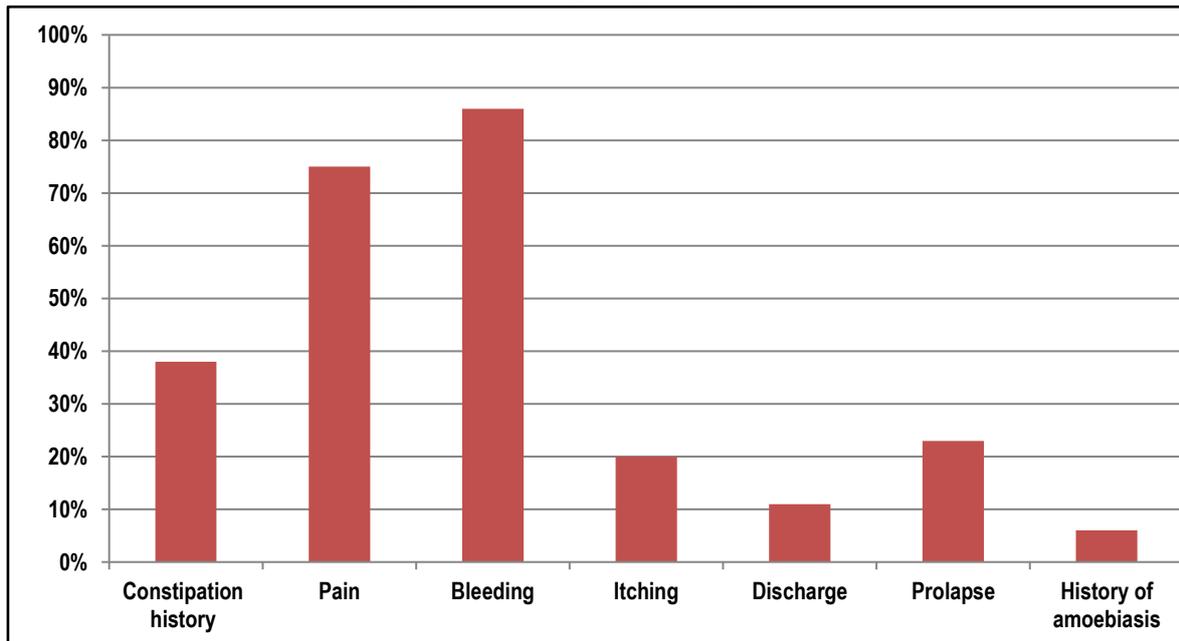


Table 2: Distribution according to time period.

Duration of bleeding	Number	Percentage
0 – 1 year	52	52 %
1 – 5 years	28	28 %
5 – 10 years	12	12 %
>10 years	8	8 %

Table 3: Distribution according to haemoglobin in patients.

Haemoglobin gm %	Number	Percentage
5-9	12	12 %
9.1- 12	16	16 %
>12.1	72	72 %

Table 4: Distribution according to ano-rectal findings

Ano-rectal findings	Number	Percentage
External piles	10	10 %
Anal fissure	41	41 %
Fistula in ano	4	4 %
Total	55	55 %

DISCUSSION

Findings of the present study show that 63% population of haemorrhoids patients was below 40 years of age. Male patients (62%) were higher compare to female patients (38%). Hindu patients (65%) suffered more in comparison of Muslim patients (32%). Urban population (74%) had more patients of haemorrhoids compare to rural population (26%). There was no difference in prevalence of haemorrhoids on the basis of occupation. However, few patients (12%) showed family history of haemorrhoids.

Present study recorded that bleeding, pain and constipation were most common symptoms persisting in patients of haemorrhoids. These findings are in agreement with the findings of previous study of Talley NJ et al⁹ as they recorded that constipation was

found up to 28 % of patients suffering from haemorrhoids. However, their study was different from the present study as they emphasis on treatments with drugs instead of surgery in their study.

These findings are consistent with the findings of Stock C et al⁸ as they recorded prevalence of piles increases with the age. Moreover, haemorrhoids were more common in male compare to female. Contrast to the present study Faccini M et al¹⁰ recorded prevalence of pile more common in 40 to 60 years age group. However, they also observed that prevalence of haemorrhoids increases with the increasing age. Unlike, present study they did not observed any relation between constipation and haemorrhoids.

Findings of the current study showed that approximately 52 % cases belong to less than one year time period. Whereas around 28% patients were suffering from haemorrhoids since last 1 to 5 years' time period. Moreover, in spite of persistent bleeding in 86% patients, 72 % patients showed normal haemoglobin level. Total 56% patients were suffering with ano-rectal diseases among them most common were anal fissure (41%), followed by external piles (10%) and fistula in ano (4%). In contrast to the findings of the current study Sonnenberg A et al¹¹ recorded that constipation was very common in individuals but haemorrhoids were not common among those individuals. Moreover they recorded piles were more common in female compare to male subjects. Studies have suggested that constipation occurs due to disturbed regulation intestinal movement along with decreased motility of colon. Johanson JF et al¹² recorded, constipation was common etiological factor in haemorrhoids patients. Further, they observed prevalence of haemorrhoids were common in more than 40 years of age group. Constipation was more among people with low social class. Thus, the authors questioned the so-called hypothesis that the constipation causes haemorrhoids.

CONCLUSION

Findings of the currents study suggest that haemorrhoids were more common below 40 years of age and male subjects irrelevant to occupation of subjects. Moreover, piles were more prevalent in Hindu and urban patients. Bleeding and pain were most common persisting symptoms. While anaemia was uncommon symptom. Further, anal fissure was most common co-morbidity found in haemorrhoids patients.

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