



Review Article

Analysis of the main surgical techniques for hemorrhoids



Magno Otávio Salgado de Freitas^{a,*}, Jaciara Aparecida Dias Santos^{b,c},
Maria Fernanda Santos Figueiredo^a, Cristina Andrade Sampaio^a

^a Post-graduation Program in Primary Care in Health, Surgical Clinic Department, Universidade Estadual de Montes Claros (Unimontes), Montes Claros, MG, Brazil

^b Universidade Estadual de Montes Claros (Unimontes), Montes Claros, MG, Brazil

^c Program of Undergraduate Research, Fundação de Amparo à Pesquisa do Estado de Minas Gerais (FAPEMIG), Belo Horizonte, MG, Brazil

ARTICLE INFO

Article history:

Received 24 September 2015

Accepted 6 December 2015

Available online 22 March 2016

Keywords:

Hemorrhoidectomy

Hemorrhoids

PPH

ABSTRACT

Introduction: Surgical treatment of hemorrhoidal disease is used in about 5–10% of cases where conservative treatments have not been effective.

Objective: To learn the surgical techniques used in the treatment of hemorrhoidal disease grades III and IV in the light of literature.

Methods: This is an exploratory study, with an integrative review of literature published from 2009 to 2015 from databases LILACS, SciELO, MEDLINE, PUBMED and the Portal of CAPES, using the following descriptors: “hemorrhoidectomy” and “hemorrhoids”, in the period from March to May 2015.

Results: Nineteen articles were selected. In the four more described techniques, the surgical time ranged from 19.58 to 52 min, with relapses from 5%, from 17.5 to 35 min and recurrences of 7.5% to 8.2%, 23–35 min was 20% and 22.5% relapse, 12.5 and 13.2 min, 3.5% of relapses.

Conclusion: Conventional techniques are still the most commonly performed with a good acceptance on the long-term resolution and low recurrence rate.

© 2016 Sociedade Brasileira de Coloproctologia. Published by Elsevier Editora Ltda. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Análise das principais técnicas cirúrgicas para doença hemorroidária

RESUMO

Introdução: O tratamento cirúrgico da doença hemorroidária é utilizado para cerca de 5 a 10% dos casos em que os tratamentos conservadores não surtiram efeito.

Objetivo: Conhecer as técnicas cirúrgicas utilizadas no tratamento da doença hemorroidária grau III e IV à luz da literatura.

Palavras-chave:

Hemorrhoidectomy

Hemorrhoids

PPH

* Corresponding author.

E-mail: freitasmagno49@gmail.com (M.O.S. de Freitas).

<http://dx.doi.org/10.1016/j.jcol.2015.12.008>

2237-9363/© 2016 Sociedade Brasileira de Coloproctologia. Published by Elsevier Editora Ltda. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Métodos: Trata-se de um estudo exploratório, com revisão integrativa da literatura publicada nos anos de 2009 a 2015, das bases de dados LILACS, SciELO, MEDLINE, PUBMED e no Portal da CAPES; a partir dos seguintes descritores: hemorroidectomia e hemorroidas, no período de março a maio de 2015.

Resultados: Foram selecionados 19 artigos. Nas quatro técnicas mais descritas, o tempo cirúrgico variou de 19, 58 a 52 minutos e recidivas de 5%, de 17,5 a 35 minutos e as recidivas de 7,5% a 8, 2%, de 23 a 35 minutos e houve de 20% a 22,5% de recidivas, de 12,5 e 13,2 minutos e 3, 5% de recidivas.

Conclusão: As técnicas convencionais ainda são as mais realizadas, com boa aceitação quanto à resolução a longo prazo e com baixo índice de recidivas.

© 2016 Sociedade Brasileira de Coloproctologia. Publicado por Elsevier Editora Ltda. Este é um artigo Open Access sob a licença de CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Hemorrhoidal disease (HD) is a condition that afflicts about 4.4% of world population, and is the most common anal disorder. The age distribution shows a higher incidence among patients aged 45–65 years with decreased involvement after 65 years, and the fact that men are more frequently affected than women.^{1,2} The probable cause of the onset of hemorrhoids, according to the theory of Thompson, 1975, would be the prolapsed anal vascular cushions, which are constituted by muscle fibers – a tissue of fibroelastic consistence and vascular plexuses with arteriovenous anastomoses.³

The HD may be internal or external, depending on its relationship to the dentate line. HD is further classified into grades ranging from one to four, with three and four degrees the most serious ones. The possible etiologies of the disease include prolonged effort, pregnancy, constipation, heredity, increased intra-abdominal pressure with obstruction of the venous return, and probably aging. Thus, patients with hemorrhoids may report a bright red bleeding through the rectum, anal pain, protruding masses, itching, burning and discomfort.⁴

Currently, there are several therapeutic possibilities for the treatment of hemorrhoids, with the options ranging from changes in eating habits, medications that alleviate the symptoms, the use of outpatient techniques such as cryotherapy, sclerotherapy, laser photocoagulation and rubber band ligation, to surgical excision techniques for hemorrhoidal prolapses affected by the disease.^{5,6}

The surgical treatment is used in about 5–10% of cases in which the conservative treatment had no effect; patients with symptomatic or acute Grade III or IV hemorrhoids who have not improved with other treatments are elected for the procedure.³

Surgical techniques are often described as five basic types: open and closed techniques, proposed by Milligan–Morgan and Ferguson, respectively, and the semi-closed, amputative, and stapled hemorrhoidopexy (PPH).⁵ With regard to rates of complications, hemorrhoidectomy presents rates ranging from 3% to 12%, and the most common complications are: urinary retention, local pain, bleeding, anal stenosis, perianal fistula, anal incontinence, and recurrence.⁷

In light of this, consideration must be given to the main surgical techniques used in the treatment of grades III and

IV hemorrhoidal disease, as well as aspects inherent to each technique that would interfere in the best prognosis for the patient – postoperative pain, recurrence, surgical time and return to normal activity. However, little has been discussed in the literature about these issues, and even less in Brazilian literature. Thus, this study aims to evaluate the surgical techniques used in the treatment of grades III and IV hemorrhoidal disease, according to the pertinent literature.

Method

This is an exploratory study that outlined, from an integrative review of scientific literature on current surgical, the techniques used in the treatment of grades III and IV hemorrhoidal disease. The choice of this method was due to the possibility of grouping, evaluate and synthesize the results of research on a particular subject in an organized and systematic manner, using it with the objective of obtaining a more comprehensive understanding of the studies on the proposed theme, besides working as a synthesis tool for published and scientifically established studies.⁸

In this research, publications available from 2009 to 2015 in the databases LILACS (Literatura Latino-Americana e do Caribe em Ciências da Saúde), SciELO (Scientific Electronic Library Online), MEDLINE (Medical Literature Analysis and Retrieval System Online), PUBMED and CAPES Portal were surveyed. The search took place from March to May 2015. The descriptors used were “hemorroidectomia [hemorrhoidectomy]”, “hemorroidas [hemorrhoids]” and “PPH”. These descriptors were chosen because they allow to cover and therefore enable the achievement of a diversified result with respect to surgical techniques.

The titles and abstracts of articles were scrutinized for identification of those studies which looked at the proposed objective, considering the following inclusion criteria: studies published in national and international journals written in English, Spanish and Portuguese, and accessed with a free and full text. Review articles, theses, editorials, letters to the editor and studies where the main focus was not the analysis of surgical techniques used in grades III and IV hemorrhoidal disease were excluded.

To data collection, a spreadsheet with seven items to ensure transcription of the most significant aspects of the

Download English Version:

<https://daneshyari.com/en/article/4296969>

Download Persian Version:

<https://daneshyari.com/article/4296969>

[Daneshyari.com](https://daneshyari.com)