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## Original Article

# Subjective processes surgical treatment in patients with stages of the disease hemorrhoidal

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## ABSTRACT

**Introduction:** Hemorrhoidal disease afflicts 4.4% of the world population, being the most common anal disorder. Surgical treatment is used for about 5–10% of cases where conservative procedures have not worked.

**Objective:** To understand the trajectory and perception of individuals submitted to surgical treatment of hemorrhoidal disease.

**Methods:** This is a descriptive study with a qualitative approach, which emphasized Cartography as the main method in the analysis of the results. Data were produced through individual interviews recorded and transcribed in full, from March to June 2015, in a Polyclinic and in a public hospital in the municipality of Montes Claros-MG. Twelve interviews were carried out.

**Results:** The results evidenced the existence of processes of subjectivization that, through affectations, cause individuals to demonstrate a transcendent thought, exemplified by the sensation of a self-knowledge of the disease, including correlating it with possible hereditary, behavioral and alimentary causes. There was an escalation in the various levels of health care, standardized by the public system, sometimes revealing a molar thought, preventing the occurrence of an event, reducing power and failing to achieve a plan of immanence with the complete resolution of the problem. The hard lines, evidenced by a delay in obtaining a treatment thanks for fear and shame, favored self-medication, with a worsening of symptoms.

**Conclusion:** It was noted that there were obstacles in all levels of the SUS that made it difficult to reach the surgical treatment, but all patients were considered with surgery and with the postoperative period.

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## Processos de subjetivação no desenrolar do tratamento cirúrgico de indivíduos com doença hemorroidária

R E S U M O

### Palavras-chave:

Hemorroidas  
Hemorroidectomia  
Cartografia  
Pesquisa qualitativa

**Introdução:** A doença hemorroidária aflixe 4,4% da população mundial, sendo o distúrbio anal mais comum. O tratamento cirúrgico é utilizado para cerca de 5 a 10% dos casos em que os procedimentos conservadores não surtiram efeito.

**Objetivo:** Compreender a trajetória e percepção dos indivíduos submetidos ao tratamento cirúrgico da doença hemorroidária.

**Métodos:** Trata-se de um estudo descritivo de abordagem qualitativa, que privilegiou a Cartografia como método principal na análise dos resultados. A produção dos dados ocorreu por meio de entrevistas individuais gravadas e transcritas na íntegra, no período de março a junho de 2015, em uma Policlínica e em um hospital público do município de Montes Claros-MG. Foram realizadas 12 entrevistas.

**Resultados:** Evidenciaram a existência de processos de subjetivação, que por meio de afetamentos, fazem com que os indivíduos demonstrem um pensamento transcendente, exemplificado pela sensação de um autoconhecimento da doença, inclusive correlacionando-a com possíveis causas hereditárias, comportamentais e alimentares. Evidenciou-se uma escalada pelos vários níveis de atenção à saúde, normatizados pelo sistema público, deixando transparecer em alguns momentos um pensamento molar, impedindo o surgimento de um acontecimento, reduzindo a potência e deixando de atingir um plano de imanência com a completa resolução do problema. As linhas duras, evidenciadas pela demora em se conseguir um tratamento, pelo medo e pela vergonha, favoreceram a automedicação e o agravamento dos sintomas.

**Conclusão:** Notou-se que houve entraves em todos os níveis do SUS que dificultaram o alcance ao tratamento cirúrgico, mas todos os pacientes se consideraram satisfeitos com a cirurgia e com o pós-operatório.

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## Introduction

The fourth-degree hemorrhoidal disease has, in the surgical treatment, a way of obtaining its cure; this disease is the subject of many quantitative studies whose authors were concerned with statistical aspects and did not focus on the individual with the disease and on his/her perceptions. Thus, this study aims to understand the trajectory and perception of patients submitted to surgical treatment for the hemorrhoidal disease, seeking, with the use of the rhizomatic philosophy of Deleuze and Guattari, to investigate the processes of subjectivization that occurred with these patients, mapping the lines of segmentarity that pass through them.<sup>1</sup>

Initially, we will introduce the concepts that explain what hemorrhoidal disease is; in which consists its clinical and surgical treatment; and how the access to treatment occurs through the Sistema Único de Saúde/Unified Health System (SUS), that is, its trajectory. Secondly, we will present the concepts used to carry out our analysis of the processes of subjectivization, extracted from the philosophy of Deleuze and Guattari, with clarification on Cartography as a method.

Hemorrhoids are arteriovenous plexuses that surround the distal rectum and anal canal. They are present in all individuals from birth and become symptomatic when they increase in size, become inflamed, thrombosed, or prolapsed.<sup>2</sup> Thus,

hemorrhoidal disease (HD) can occur in both genders, being more common in males (2:1). This condition afflicts 4.4% of the world population. However, there is no precise data in Brazil for this problem. The main risk factors are high socioeconomic level, heredity, pregnancy, obesity, smoking, a diet rich in fats, alcohol, spices and pepper, as well as low fluid intake.<sup>3</sup>

Considering its anatomical location, HD may be classified as “internal” (anorectal submucosa above Parks ligament, and covered by mucous epithelium), “external” (below Parks ligament, and covered by modified anal canal skin) and “mixed” (internal and external extensions).<sup>4</sup>

Internal hemorrhoids are further classified into degrees: First degree, when bleeding occurs but without prolapse. Second degree, when prolapse occurs during defecation effort, returning spontaneously to the anal canal. Third degree, when occurs prolapse, with manual reduction; and finally, Fourth degree, when prolapse occurs, without reduction. Mixed (internal-external) hemorrhoids appear above and below the pectineal line.<sup>5</sup>

The diagnosis is established based on the symptomatology and on the results of a proctological examination. The most indicative symptoms are prolapse and bleeding.<sup>6</sup> Therapy for HD consists of non-surgical and surgical clinical approaches. With regard to the first clinical approach, hygienic and dietary measures should be emphasized, as well

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