A Comparative Study of Surgical Treatment of Hemorrhoids: Stapled vs Open and Closed Hemorrhoidectomy

1Tushar Bhati, 2Brijesh K Sharma

ABSTRACT
Hemorrhoids and piles are used interchangeably very often but originally the words have entirely different meanings. Surgical treatment of hemorrhoids has been suggested for third- and fourth-grade hemorrhoidal disease and include removal of hemorrhoidal tissue. Stapled hemorrhoidectomy [minimally invasive procedure for hemorrhoid (MIPH)] introduction received much enthusiasm as it offers patients a significantly improved postoperative comfort level. The aim of this study is to make comparative assessment of following procedures for hemorrhoids: Stapled hemorrhoidectomy, open hemorrhoidectomy, closed hemorrhoidectomy, in terms of operative time, hospital stay, postoperative complications, and cost-effectiveness.

Keywords: Comparative study, Hemorrhoids, Stapler.


INTRODUCTION
Hemorrhoids and piles are used interchangeably very often but originally the words have entirely different meanings. The hemorrhoid’s definition is difficult to state as pathophysiology of this condition is still not clearly defined. At least 50% of the people over the age of 50 have some degree of hemorrhoid formation.1 Surgical treatment of hemorrhoids has been suggested for third- and fourth-grade hemorrhoidal disease and includes removal of hemorrhoidal tissue. Most frequently used procedures are Milligan-Morgan open hemorrhoidectomy and Ferguson closed hemorrhoidectomy techniques. In 1993, Longo Milton stapled hemorrhoidectomy technique was introduced as substitute to conventional techniques for operative management of hemorrhoidal disease. It was recount and refined by Longo in 1998.2 Stapled hemorrhoidectomy introduction received much enthusiasm as it offers patients a significantly improved postoperative comfort level, which is ascribable to the fact that the mucosal incision and staple lines are placed well above the dentate line and the highly sensitive perianal skin is left intact.

The aim of this study is to make comparative assessment of following procedures for hemorrhoids: Stapled hemorrhoidectomy, open hemorrhoidectomy, closed hemorrhoidectomy, in terms of operative time, hospital stay, postoperative complications, and cost-effectiveness.

MATERIALS AND METHODS
The study was conducted on cases operated in the Department of General Surgery at Mahatma Gandhi Medical College and Hospital, Jaipur, Rajasthan, India. Sixty cases of grades II, III, and IV piles (based on proctoscopy findings)1 were studied (20 for open hemorrhoidectomy, 20 for closed hemorrhoidectomy, and 20 for stapled hemorrhoidopexy) from November 2015 to November 2017. The criteria for selection are as follows.

Inclusion Criteria
Sixty cases of grades II, III, and IV piles (based on proctoscopic findings) were studied.

Exclusion Criteria
- Patient with fissure and fistula
- Patient with full-thickness rectal prolapsed with piles
- Anal incontinence
- Rectocele
- Patients with anal stenosis

Due approval was taken from Institutional Ethical Committee before undertaking the study. The selected patients were then informed about the procedure and written informed consent was taken.

The following investigations were done: Hemogram, BT (Bleeding Time), computed tomography, erythrocyte sedimentation rate, RBS, renal function test, serum
electrolyte, liver function test, human immunodeficiency virus, surface antigen of the hepatitis B virus, X-ray chest along with P/R and proctoscopy. After getting patient thoroughly investigated, hemorrhoidectomy (open, closed, and stapler for 20 cases each) was performed.

RESULTS

In our study most common symptom was prolapse of hemorrhoid followed by bleeding per rectum. Other symptoms include pain and constipation.

In MIPH, almost no peroperative bleeding occurred in 90% of cases compared with 60% in open and closed hemorrhoidectomy cases. Mild bleeding was noticed in 5% of cases in MIPH.

Average duration of surgery in MIPH was 16.8 minutes compared with 33.3 minutes in open and 40.4 minutes in closed hemorrhoidectomy group.

Only 10% cases operated by MIPH required multiple analgesic dose postoperatively compared with 70% in closed and 60% in open hemorrhoidectomy and is highly significant (p-value = 0.0002).

About 90% of patients were discharged from hospital within 2 days in MIPH, whereas only 15% in open hemorrhoidectomy cases and 40% in closed group were discharged within 2 days.

DISCUSSION

Our study was a prospective comparative study and included 60 patients admitted in Department of General Surgery, Mahatma Gandhi Medical College & Hospital, Jaipur, India, from year 2015 to 2017. In our study 20 cases were treated by MIPH, 20 cases by Milligan Morgan, and 20 by Fergusson technique and comparative assessment of all three procedures for hemorrhoids were done in terms of operative time, hospital stay, postoperative complications, and cost-effectiveness.

All the patients who were included in the study had complaint of bleeding per rectum which was present in 30% of cases (Table 1 and Graph 1).

Similar high incidence has been noted in studies of Clark et al5 (18%) and Hood and Williams4 (25% of cases).

In our study, 48% of patients complained of prolapse of hemorrhoids (Table 1). Similar high incidence has also been observed in studies of Clark et al5 (56%), Hood and Williams (85%), Lloyd Williams et al4 (80% of cases).

In our study, 25% of patients complained of pain during defecation (Table 1). Incidence of similar complaint was noted by others in Dencker series, 41% in Kaufman series, and 60% in Hood series.4,6,7

In our series, 90% of patients had nil bleeding peroperatively, 5% had trace, and 5% had mild bleeding in MIPH cases. There were no cases reported to have severe bleeding in MIPH procedure. In conventional procedures, 60% of patients had no bleeding and 35% (in closed) and 30% (in open) had trace bleeding, whereas 10% cases (in open) and 5% cases (in closed) had mild grade of bleeding (Table 2 and Graph 2).

In a study conducted by Hetzer et al,8 incomplete excision of mucosal ring, improperly used technique, suture

<table>
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<th>Table 1: Presenting symptoms</th>
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<td><strong>Preoperative symptoms</strong></td>
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<tr>
<td>Bleeding per rectum</td>
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<tr>
<td>Prolapse</td>
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<td>Pain</td>
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<td>Constipation</td>
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Graph 1: Distribution of preoperative symptoms

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<th>Table 2: Peroperative bleeding</th>
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<td><strong>Peroperative bleeding</strong></td>
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<tr>
<td></td>
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<tr>
<td>Nil</td>
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<td>Trace</td>
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<td>Moderate</td>
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line dehiscence, or mucosal tear during anal dilatation are supposed to play role in causing peroperative bleeding. There was no case reported to have moderate or severe bleeding peroperatively.

In a study conducted by Mehigan et al, 12% cases had mild bleeding; 14% in series of Roswell et al and Kaufman. In our series, average duration of staple operation was 16.8 minutes compared with 33.3 minutes in open and 40.4 minutes in closed hemorrhoidectomy procedure and is found to be highly significant (p-value < 0.05) (Table 3 and Graph 3).

Mehigan et al reported 18 minutes average duration for staple technique. It was found 30 vs 43.25 minutes in Hetzer et al study report (Table 4).

In our study, patient operated by MIPH, 90% of them required single dose of analgesics, only 10% of them required multiple analgesics dose. Whereas in open, this ratio was 40:60 (single: multiple analgesic dose) and in closed, of 30:70. This signifies postoperative pain is less in MIPH procedure compared with open and closed hemorrhoidectomy techniques and on comparison it was highly significant (p-value < 0.05) (Table 5 and Graph 4).

Study conducted by Kirsch et al stated complain of moderate pain for a median of 5.3 (0–19) days in conventional hemorrhoidectomy compared with 3.1 (0–10) days in staple hemorrhoidectomy. Monson observed in his study of 25 patients undergoing staple hemorrhoidectomy that they had less overall pain than those undergoing the conventional procedure. In our series, 10% of patients operated by staple technique had postoperative bleeding. In conventional procedure, this rate was 30% in closed and 45% in open hemorrhoidectomy (Table 6 and Graph 5).

In series of Ganio et al, postoperative bleeding was 3% in staple hemorrhoidectomy. In our series, 20% of patients of stapled group complained of retention of urine, 35% of closed group, and 25% of open group had similar complaint (Table 6).

In a study of 200 patients, by Shalaby and Desoky, 7 patients of stapled group complained of acute urinary retention as early postoperative complication.

In our study, 5% of patients of stapled group had complained of discharge. This rate was 4% in the study of Shalaby and Desoky series (Table 6). In addition, 90%
patients of stapled group were discharged from hospital till postoperative day 2, remaining 10% were discharged the next day, i.e., postoperative day 3. However, in conventional group, it was 70% on third postoperative day and 30% on fourth postoperative day (in open group) and 90% on third postoperative day and 10% on fourth postoperative day (in closed group) (Table 7 and Graph 6).

Roswell et al\textsuperscript{10} randomly assigned 22 patients to staple and conventional hemorrhoidectomy and mean hospital stay was lower in staple group compared with conventional procedure 1.5 vs 2.5 days.

Ganio et al\textsuperscript{15} series stated lower mean hospital stay of 1 day in staple group compared with 2 days in conventional group.
SUMMARY AND CONCLUSION

This study has been undertaken to study the effectiveness of staple (MIPH) over open (Milligan-Morgan) and closed (Ferguson) hemorrhoidectomy procedures. Twenty cases of hemorrhoids in the study were operated by staple technique and kept postoperatively in the ward and followed at regular intervals postdischarge up to 3 months. Based on this study, following conclusion was made.

Minimally invasive procedure for hemorrhoid is simple and effective surgery, less time-consuming, best suitable for grade III and IV hemorrhoids; however, it requires lot of experience for the same. Though the stapler instrument is costly but due to less postoperative pain, early recovery, and less complications, it is becoming popular. No recurrence in stapled group during the follow-up period.

REFERENCES