

Comparison of Diathermy Haemorrhoidectomy and Scissor Dissection Milligan Morgan Procedure's Operation

Diathermy
Haemorrhoidectomy
with Scissor
Dissection

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ABSTRACT

Objective: The main goal of the whole study is comparison of the outcome of diathermy haemorrhoidectomy against scissor dissection Milligan Morgan operation.

Study Design: Cross sectional study.

Place and Duration of Study: This study was conducted at the Quarter Teaching Hosp. Gujranwala during August 2019 till December 2019.

Materials and Methods: Group A combines with Haemorrhoidectomy through diathermy and Group B consolidates Haemorrhoidectomy of Milligan Morgan by utilizing the subjective bit.

Results: The data were collected from 100 patients which can be divided into two groups. The mean age of both groups were 40 to 60 years. Out of 29 cases of group A 20 of them were with third degree haemorrhoids and out of 21 cases of group B 17 were suffering from this disease. The calculations have shown that group A was having a mean time operating near to 52.5 and standard deviation was 11.9. Group B had values of 36.6 and 9.8 simultaneously. The blood loss' mean amount was 51.92ml in group A and standard deviation was 15.68. In B these values were 70.34 and 25.59 simultaneously.

Conclusion: It is concluded that diathermy haemorrhoidectomies are without sutures, a technique of haemorrhoidectomy that is closed and depending upon a modified electro-surgical type of unit to gain tissue sealing as well as a sealing of vessel.

Key Words: Hemorrhoidectomy, Surgical, Tissue, Hospitals, Milligan Morgan Operation

Citation of article: Rasool M, Khalid M, Zia LA, Amin I, Aslam MA, Cheema HMKN. Comparison of Diathermy Haemorrhoidectomy and Scissor Dissection Milligan Morgan Procedure's Operation. Med Forum 2020;31(12):147-149.

INTRODUCTION

The Hemorrhoids have been narrated as regular clinical conditions. A good populace portion tend to fall a prey to hemorrhoids nearing 50 years. Surveys showed that about 58% American people who are above 40 years are suffering from this disease. Close to 33% effected are brought to doctors for the cure. Hemorrhoids has ability to take place whatever stage throughout everyday life, and they impact the two people¹. Distinct rate in non-mechanical countries is dark, anyway the affliction is when in doubt even more occasionally experienced, possibly in view of westernized lifestyle.

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Received: March, 2020

Accepted: August, 2020

Printed: December, 2020

Hemorrhoids have been considered as submucosal type of beds that contain venules, vein and smooth type muscle strands arranged over the butt-driven trench².

Hemorrhoidal disorder is represented in generally 5% of everyone, especially following age of forty years. Since hemorrhoids have always been commonplace anatomical type portions regarding butt-driven channel, curing technique is appeared inside interesting and unique cases³. Such appearances consolidate kicking the bucket, circulatory trouble, and hemorrhoidal type of prolapses. Diversified methods have been utilized while curing patients of hemorrhoids, which include clinical type cure, restorative band's ligation, infrared oriented photocoagulation, techniques of sclerotherapy, opened hemorrhoidectomy, shut type hemorrhoidectomy, hemorrhoidectomy i.e whitehead, and stapler type of hemorrhoidectomy⁴.

Hemorrhoids, the most common infections like varicose causes a per rectal biting the dust. The essential convincing and outrageous treatment for third or fourth degree hemorrhoids is Haemorrhoidectomy. Furthermore Different systems have been dealt with, fluctuating by open or shut sharp type extraction, laser based treatment, ultrasonic careful edge examination to stapled Hemorrhoidectomy⁵. In spite of the way that Haemorrhoidectomy has been accepted as a little

method oriented technique anyway disarrays and postoperative type recovery have been pretty much hard for the effected persons and perhaps that can be the inspiration driving why the suffering persons take haemorrhoidectomy as a final option of cure¹. Patients as well as experts don't like Haemorrhoidectomy and the reason is the pain it causes to the suffering person. Similarly it is seen as an irksome framework among various specialists⁶.

The essential suitable and outrageous treatment for third or fourth degree hemorrhoids is Haemorrhoidectomy⁷. Different various strategies have in like manner been chipped away at, fluctuating from open or shut sharp extraction, laser treatment, and ultrasonic careful device dissection to stapled Hemorrhoidectomy⁴. In spite of the way that Haemorrhoidectomy has been accepted as a little method oriented technique anyway disarrays and postoperative type recovery have been pretty much hard for the effected persons and perhaps that can be the inspiration driving why the suffering persons take haemorrhoidectomy as a final option of cure.⁸

Standard haemorrhoidectomy of Milligan Morgan that is an open medical process wherein haemorrhoid pedicle has been ligated through a spellbinding fastens that can incite some of the postoperative troubles by and large torture, depleting and wound sickness which finally reason postponed stay in clinic⁹.

The main goal of complete study revolves around comparison of the outcome of diathermy hemorrhoidectomy as compared the scissor dissection Milligan Morgan operation.

MATERIALS AND METHODS

This cross sectional type of study took place in District Head Quarter Teaching Hosp. GRW during August 2019 till December 2019. There were total 100 patients which were included in this study. All effected persons were between eighteen to seventy years. 3rd and 4th degree Haemorrhoids were seen in the studies,

Data collection: Two groups of effected persons were made. Group-A fuses Haemorrhoidectomy through diathermy & Group-B consolidates Haemorrhoidectomy of Milligan Morgan through utilizing the subjective bit. The whole process ended with an effected person inside the lithotomy position & a minor type inverse Trendelenberg's point. Fundamental steps inside the two operations have been seen to be same and involved Examination that was under sedation, movement of the hemorrhoids through the conductor forceps, I used at the muco-cutaneous convergence of hemorrhoid, at another pinnacle as well as skin's cut at hemorrhoids' base. The hemorrhoid's tissue separation from within present sphincter fibers through the monopolar diathermy or scissors.

Statistical analysis: SPSS software version 20 was used for statistical studies. An Independent sample T-

test was utilized for comparing operative time, loss of blood and pain in post-operative conditions in the groups. After stratification an Independent Sample T-test happened to be utilized; value that is ≤ 0.05 will have to be taken as a significant one.

RESULTS

The data were collected from 100 patients which can be divided into two groups. The mean age of both groups were 40 to 60 years. Out of 29 cases of group A 20 of them were with third degree haemorrhoids and out of 21 cases of group B 17 were suffering from this disease. The calculations have shown that group A was having a mean time operating near to 52.5 and standard deviation was 11.9. Group B had values of 36,6 and 9.8 simultaneously. The blood loss' mean amount was 51.92ml in group A and standard deviation was 15.68. In B these values were 70.34 and 25.59 simultaneously.

Table No.1: Comparison of operative outcomes in patients undergoing diathermy hemorrhoidectomy and Milligan Morgan's hemorrhoidectomy.

Feature	Milligan-Morgan hemorrhoidectomy	Diathermy hemorrhoidectomy	p
Operation time	20 (6-40)	15 (4-30)	<0.05
No of packages	2 (1-4)	2 (1-4)	0.5
Analgesic requirement n (%)	182 (88.3)	107 (67.3)	<0.05
Thrombosed hemorrhoids	10 (4.9)	13 (8.2)	0.195
Time ofHospitalization (days)	1 (1-16)	1 (1-2)	<0.05
Re-operation n (%)	3 (1.6)	4 (2.7)	0.704
Return to normal daily activity [mean (range) days]	7 (1-30)	6 (1-15)	<0.05
Prolonged pain n (%)	27 (14.7)	10 (6.8)	<0.05
Follow-up (months)	28.3±15.7	25.9±15.6	0.176

DISCUSSION

For indicative evaluation three and four hemorrhoids, some type of a hemorrhoidectomy always remains as the acknowledged methodology of cure. Ordinary types of methods including Milligan Morgan system as well as the Ferguson's strategy are essential in the larger section century in need of the prevalent other choice. Continuous no of years are seen in the introduction regarding fresher techniques having relative advantages and bad marks⁷. Principle continuous introduction is the traffic circle that staples contraption for a prolapsed type hemorrhoids. That is investigated for not curing

piece on external sides of hemorrhoids and the skin names. Moreover, stapler type cartridges are exorbitant & past extent of majority of patients⁸.

Around two years earlier we had picked up the Ligasure™ device. That's an electro-cautious type of device and improved type of a bipolar diathermy. That is fruitful in gaining hemostasis that it should be portrayed as a 'vessel fixing structure'. An energy is passed on interestingly to a tissue understood inside the jaws that are on the hand piece along insignificant spreading of an electrical or warm energy to close by tissues¹⁰. Vessels' complete coagulation and besides tissues are refined with irrelevant singing instead of normal diathermy¹¹. A PC controlled analysis circle normally stops the movement of energy when coagulation of the vessels and mucosa is refined. The vascularised type tissue got in between the jaws is converted into a thin seal, which could be cut across with help of scissors¹².

CONCLUSION

It is concluded that diathermy haemorrhoidectomies are without sutures, a technique of haemorrhoidectomy that is closed is depending upon a modified electro-surgical type of unit to gain tissue sealing as well as a sealing of vessel. It is considered as a safe as well as an effective method. It has a less loss of blood, postoperative pain as well as complications as compared to the conventional hemorrhoidectomy.

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Conflict of Interest: The study has no conflict of interest to declare by any author.

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