

## 7. HAEMORRHOIDS

Hemorrhoids are dilated veins occurring in relation to the anus. (commonly known as piles). The symptoms of haemorrhoids bleeding, prolapse and pruritus cause depressing effects on the elderly. Frequent bleeding may lead to anaemia and its complications in the elderly. About 5% of patients attending the geriatric out- patient department complain of anal problems that can be easily corrected in the primary and secondary care level hospitals.

Hemorrhoids develop in geriatric group due to

- Loss of anchoring connective tissue in the anal cushions
- Downward displacement or prolapse of the anal cushions
- Abnormal dilatation of veins in the internal hemorrhoidal venous plexus
- Carcinoma of rectum – compression / thrombosis of superficial rectal veins
- Benign prostatic hyperplasia – chronic straining
- Chronic constipation – straining at stools

### Classification

#### I) By descent

Grade 1 Bleeding

Grade 2 Protrusion with spontaneous reduction

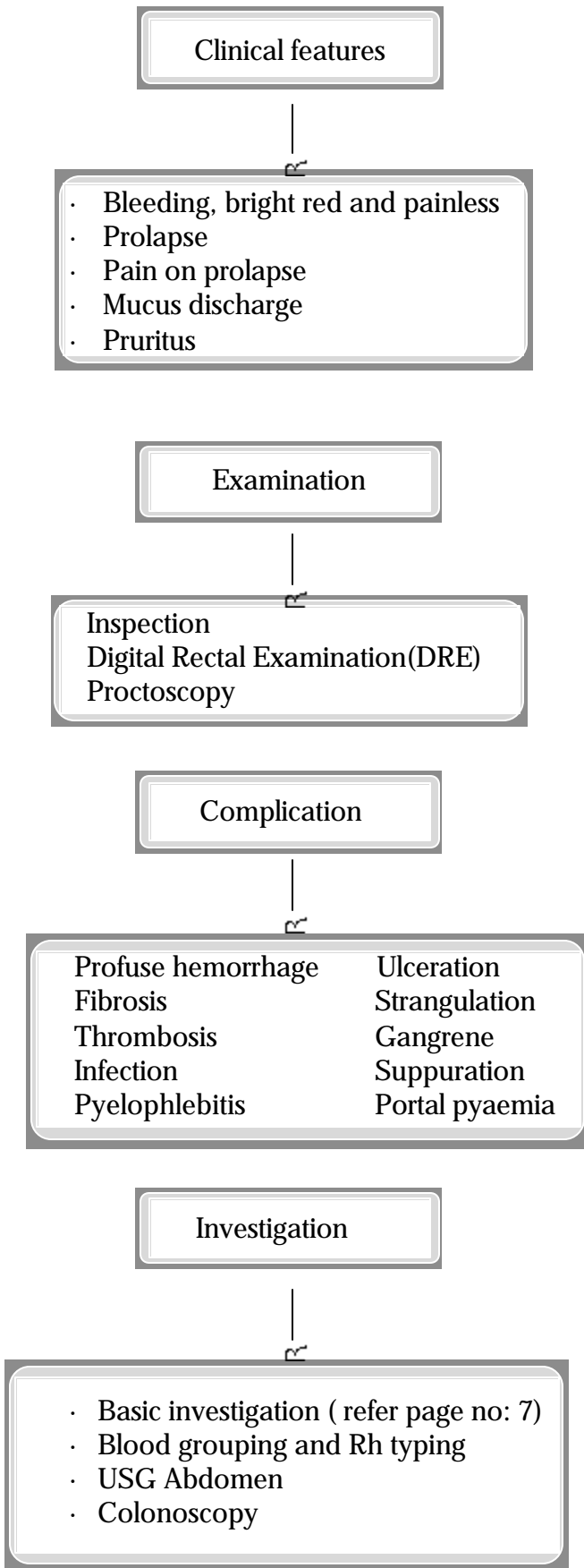
Grade 3 Protrusion regressing with manual reduction

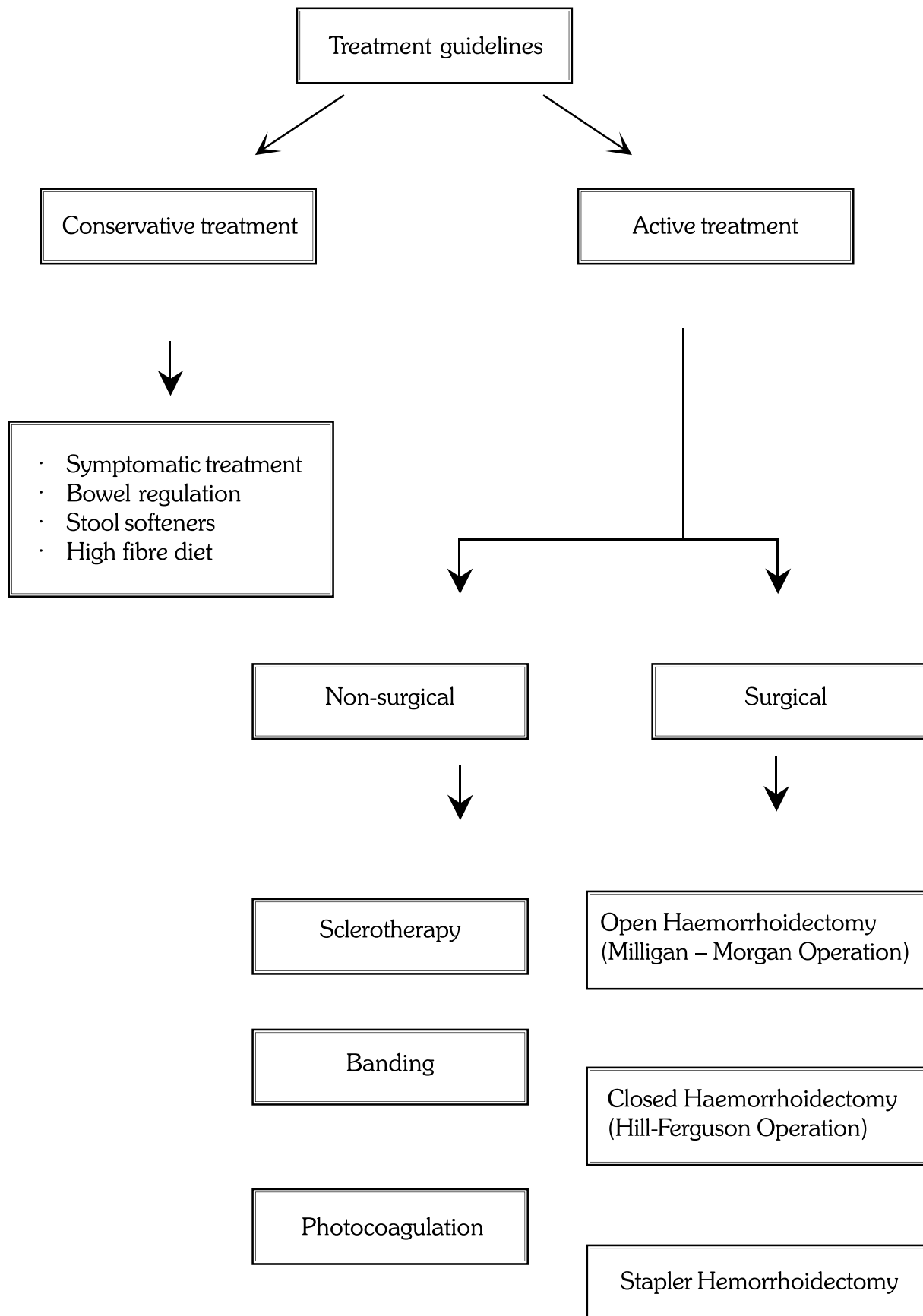
Grade 4 Irreducible protrusion

#### II) By Location

- ❖ External – arise from inferior haemorrhoidal plexus and are covered by modified squamous epithelium, occur below pectinate line
- ❖ Internal – arise from superior haemorrhoidal plexus, arise above pectinate line
- ❖ Interno-external – when both are present

# Haemorrhoids - clinical aspects





## ACTIVE TREATMENT

- ◆ Sclerotherapy – 2 to 5ml of 5% phenol in almond oil injected around the pedicle aseptically
- ◆ Banding – By modified Barron’s band applicator if available
- ◆ Photo coagulation – In tertiary centers
- ◆ Hemorrhoidectomy – In primary and secondary care centers

### i. Open (Milligan – Morgan Operation)

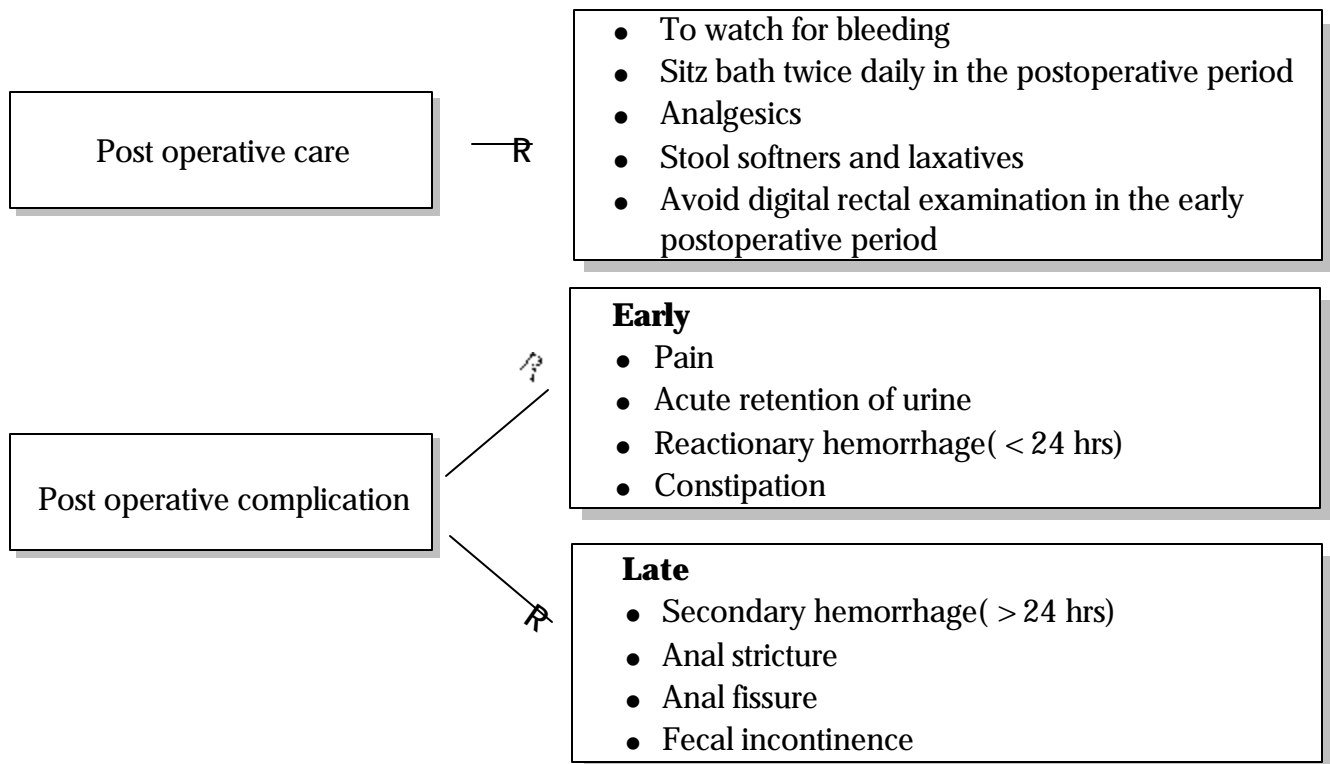
In this technique, the patient is put in lithotomy/left lateral position and the pile mass is removed with a cuff of skin in the anal verge. After removal of all the three primary hemorrhoids the appearance of anus should look like a clover.

### ii. Closed (Hill-Ferguson Operation)

In this technique, patient is placed in prone jack knife position and the hemorrhoids are excised. The mucosal defect is primarily closed with catgut sutures or daxon.

### iii. Stapler

In recent times pile masses are removed with specially designed stapler where by the pile mass is excised with the stapler and the mucosal continuity is restored.



### Key points

- ☞ Conservative treatment preferred in elders
- ☞ Surgery in failure of conservative management or severe cases
- ☞ Colonic carcinoma to be ruled out (Colonoscopy)
- ☞ Anaemia to be corrected preoperatively (blood transfusion if required)
- ☞ Muco-cutaneous bridges should be preserved during surgery to prevent anal stenosis