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Clinical Experience Sharing Of 218 Cases without Hemorrhage after Procedure for Prolapse and Hemorrhoids

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ABSTRACT

Objective: To summarize the experience without hemorrhage after PPH of 218 patients with mixed hemorrhoid. **Methods:** PPH (Procedure for prolapse and hemorrhoids) was performed routinely. During operation, it is paid attention that the hemorrhoid artery should be completely mutilated, the anastomat should be squeezed before and after the anastomosis, the anastomosis should be carefully examined, the hemostasis should be completely performed, and relevant hemostasis measures should be taken after the operation. **Results:** None of the 218 patients had postoperative hemorrhage. **Conclusion:** Relevant measures can be taken after operation to prevent the occurrence of postoperative hemorrhage.

1. Introduction

Mixed hemorrhoid is the most common disease in anorectal surgery, and there are many treatments. According to the "anal cushion shift theory", in 1998, Italian surgeon Antonia Longo first used the anastomat for the treatment of annular mixed hemorrhoid and rectal prolapse. Since then, PPH (Procedure for prolapse and hemorrhoids) has become the mainstream of hemorrhoid surgical treatment. Although the advantages of PPH surgery are obvious, the postoperative complications have been reported in many literatures, the most serious of which is postoperative hemorrhage. The author performed PPH in 218 patients with severe mixed hemorrhoid from December 2014 to December 2016. No

postoperative hemorrhage occurred. The experience is summarized as follows.

2. Materials and Methods

2.1 General Information

218 patients with mixed hemorrhoid in our hospital from December 2014 to December 2016 were enrolled in the study, including 146 males and 72 females; the age ranged from 22 to 82 years old, with an average of 50.6 years old, 12 Patients with a history of hepatitis B or hepatitis C, 6 patients with heart disease, and oral anticoagulant drugs; all patients included in the study were cured of routine blood, urine, coagulation, liver and kidney function, hepatitis B and infectious disease screening, electrocardio-

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gram, chest X-ray and other routine examinations. Patients with hemorrhage symptoms were further colonoscopy; preoperatively, the patient was routinely taken orally to clean the intestines, and if necessary, enema until the watery stools were cleared; all patients underwent PPH under spinal anesthesia or continuous epidural anesthesia, and whether or not the external hemorrhoids were removed according to the external hemorrhoids.

2.2 Surgical Procedure

(1) Regular intravenous infusion of second-generation cephalosporins within 30 minutes before surgery;

(2) Taking the lithotomy position after spinal anesthesia or epidural anesthesia, routine disinfection of the towel, fully expanding the anus to 3-4 fingers, disinfecting the anus and perianal again;

(3) 4 tissue clamps were placed at 3, 6, 9, and 12 o'clock positions, clamp the anal skin, the paraffin oil is fully lubricated, placed into the anal canal dilator and transparent anoscope, and the 7th silk suture fixation anoscope. Through the anal mirror stapler, the 3-0 absorbable line is about 2.5-3.0 cm above the dentate line, at the 2 o'clock position, the circular suture pocket was opened in the lower rectal mucosa for a week. Unscrew the anastomat and place it into the anal canal so that the head end is above the purse loop, tighten the purse string and knot. With the hook assisted, pull the pull line from the side hole of the anastomat, tighten the anastomat and continue to pull the suture. After the pointer enters the green area, press for 45s, open the insurance shot, squeeze again for 20-30s and then loosen the anastomat.

3. Results

After routine observation for 5-7 days, no complications were discharged, and no postoperative hemorrhage occurred in 218 patients in the whole group.

4. Discussion

Anastomat hemorrhoid mucosal circumcision, also known as PPH, is clinically used for the treatment of severe sputum II and IV and rectal mucosal prolapse, does not affect the normal physiological function of the anal cushion, and can reduce postoperative pain, which is a widely used procedure. The operation is to remove the mucosa and submucosal tissue of the iliac crest, lift and fix the prolapsed anal cushion and reduce the blood supply, and promote the atrophy of the corpus callosum, so as to exert its effect on the treatment of severe prolapse and rectal prolapse^[1]. Although the procedure is obvious, if it is not handled properly, there are also many complications, such

as pain, postoperative recurrence, hemorrhage, fine defecation dysfunction, anastomotic stenosis, rectal perianal infection, etc^[2].

Postoperative hemorrhage is a common and serious complication of PPH, and may even endanger life, making doctors quite tricky. Therefore, prevention of postoperative hemorrhage is particularly important. None of the 218 patients in this study had postoperative hemorrhage, and the experience was summarized as follows.

Firstly, the surgery requires good anesthesia and adequate anal sphincter. Generally, spinal anesthesia or epidural anesthesia can achieve good results. Good anesthesia can completely relax the anal sphincter. Once the anastomosis has hemorrhage, good exposure can facilitate the treatment of hemorrhage. Secondly, the 3-0 absorbable line is used when the purse is stitched. The needle has less damage than the ordinary needle, and it is not easy to form a submucosal hematoma, thereby reducing the risk of hemorrhage and facilitating the exposure of the anastomotic hemorrhage. Thirdly, when suturing, try to sew the radial artery into the purse. The author attends to insert the needle from 2 o'clock position, and suture the iliac artery at 3 o'clock position. At the point and 11 o'clock position, the radial artery is sewn into the purse, which is a more traditional method of injecting the needle from 3 o'clock position, which can reduce the risk of hematoma caused by puncture of the brachial artery. Fourthly, anastomat is pressed for 45s before being stimulated, and then pressed for 30s after excitation. Sufficient pressing before firing can squeeze the tissue moisture at the anastomosis, which is beneficial to the firming and stapling of the staples and reduce the risk of hemorrhage after anastomosis. Fifthly, carefully check the anastomosis, anastomotic bleeding can first try to use electrocoagulation to stop bleeding, the effect of poor hemostasis can be considered with 3-0 absorbable line "8"-shaped Suture. Blind preventive sutures should be avoided as much as possible. On the one hand, hemorrhage may be caused by the radial artery, and on the other hand, the anastomotic stenosis may be caused. Sixthly, a self-made drainage and pressure device is placed in the anus. The specific method is to take one rubber drainage tube and cut one side hole at one end, wrap a half of dry gauze at the proximal end, and wrap a Vaseline gauze on the surface of the dry gauze, and bundle the 7th wire. Place the anus in the anus before removing it, and enlarge the anastomosis. The drainage tube can be used to observe the absence of hemorrhage after surgery. Seventhly, postoperative empirical use of second-generation cephalosporin combined with nitroimidazole drugs for 3-5 days, can prevent hemorrhage caused by postoperative perianal infection.

In addition, postoperative observation of vital signs and anal canal, preventive use of hemostatic drugs is also a factor that cannot be ignored, early detection, early treatment, can avoid serious complications.

References

[1] Yong Deng, Fengfeng Xu. Retrospective analysis of

460 cases of postoperative complications of mixed hemorrhoid with the treatment of PPH[J]. *Journal of Jiujiang University*,2012,1(1): 73. (in Chinese)

[2] Chunhua Zhou, Hua Ren, Wei Cai, et al. Analysis of complications of anastomat hemorrhoid mucosal circumcision and nailing for severe mixed hemorrhoids[J]. *Chinese Journal of Digestive Surgery*, 2014, 13(12): 964. (in Chinese)