

Second Degree Haemorrhoids – Outcome of Rubber Band Ligation

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ABSTRACT

This is prospective study carried out on 216 consecutive patients of second degree haemorrhoids coming to the out patient department of Sir Ganga Ram and Mayo Hospital, Lahore in last five years. It was aimed to assess the patient satisfaction, safety, feasibility and complications of rubber band ligation. 70% patients were satisfied with the procedure, 15% were lost in follow up, 10% required oral analgesics for pain, 4% had post procedure bleeding, 1% had infection, 1% had vasovagal signs and symptoms just after the procedure. We did not identify any major complication. We recommend rubber band ligation a very good ambulatory procedure for second degree haemorrhoids.

Key words: Rubber band ligation (RBL), haemorrhoid

INTRODUCTION

Haemorrhoids have plagued mankind since time immemorial. The term haemorrhoids is usually related to symptoms caused by rectal cushion and these are anatomical entity present in healthy individuals. These are clusters of vascular tissue (arterioles, venules, arteriolar-venular connections), smooth muscles and connective tissue lined by the normal epithelium of anal canal. Evidence indicates that bleeding from these symptomatic cushion is arterial and not venous. This is supported by the bright red color and arterial pH of the blood³. Main cushions are three in number and are situated in the left lateral, right posterior and right anterior areas of the anal canal. Minor tufts can be found between the cushions⁴.

MATERIALS AND METHODS

The study was prospective and conducted on 216 consecutive outpatients with 2nd degree haemorrhoids from January 2005 to January 2009 in Surgery department of Sir Ganga Ram and Mayo Hospital Lahore. The patients, male and female, between 18-70 years of age were selected on the basis of 2nd degree haemorrhoids confirmed by proctoscopy. The exclusion criteria were other anorectal diseases, inflammatory bowel disease, cirrhosis of liver, pregnancy or previous history of surgery for haemorrhoids. Written consent was taken from all patients and after preliminary assessment of patients i.e., detailed history of disease and general and systemic examination and a few baseline investigations (haemoglobin, bleeding time, clotting time and urine complete examination) the patients were subjected to

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rubber band ligation. Follow up was done at 2nd, 6th, and 30th week the complications and patient satisfaction were recorded in proforma.

RESULTS

We did not identified any major complication in our series. 90% of patients were first treated by quakes before there first visit to a qualified doctor. 70% were satisfied with the procedure and recommend the procedure to friends/relatives. 15% of the patients did not come back for the follow up. 02% experienced pain after the procedure which required oral analgesics for 3 to 5 days. 4% had bleeding per rectum after band ligation which settled down in 2 weeks. Less than 01% had vasovagal attack which was most frequently observed at the time of procedure and approximately 1% had local infection which required analgesics and antibiotics.

| Complications | Frequency % |
|-------------------|-------------|
| Pain | 02 |
| Bleeding P/R | 04 |
| Infection | 01 |
| Vasovagal attacks | <01 |

DISCUSSION

The consensus on the treatment of 3rd and 4th degree haemorrhoids is still an enigma. However rubber band ligation is the safest, cheapest and most convenient treatment for 2nd degree haemorrhoid. In our study haemorrhoids were most common in the 4th decade of life. Male to female ratio was 1:2. The average duration of symptoms (bleeding, pain and prolapse) was 3-4 years and the major presenting symptom was bleeding per rectum. 90% of the patients were treated

by quakes before presentation to qualified doctor. Rubber band ligation (RBL) is the cheapest method and do not require hospitalization. It was done as an OPD procedure saved patient hospital stay, bed occupancy and only 3 follow up visits in OPD for 6 weeks and one at 30th week for recurrence. There was no recurrence among these patients in this limited span of follow up. After RBL 85% of the patients were cured of the symptoms. 15% of the patients lost follow up. 70% of the treated patients were satisfied with the procedure and would recommend the procedure to a close friend or relative. In only 15% of the patients had minor complications. No major complications was seen in this study. Our results are comparable with the Longman RJ Thomson WH and Waston NF study of band ligation of haemorrhoids where 84% were rendered symptom free after the procedure.

CONCLUSION

Immediate results were satisfactory in cases of bleeding and prolapse. Patient satisfaction may be further improved by counseling regarding the fear of the procedure and occurrence of complications. We recommend RBL a good ambulatory and economical practice that could either get better or resolve the disease.

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