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Stapled hemorrhoidopexy (miph) as an advanced modality for prolapsed hemorrhoids

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Abstract -

Hemorrhoids are the most common anal disorder. Patient may complain pain, bleeding, prolapsed & discomfort during defecation.

Conventional hemorrhoidectomy provides relief, but is associated with post operative Pain, Bleeding and Anal stricture & is associated with long period of convalescence.

For Prolapsed Hemorrhoids (Grade 3 & 4) use of MIPH (Minimally invasive procedure for Hemorrhoids)

Hemorrhoidal cushions are Anal Cushions of tissue composed of blood vessels, smooth muscle, & connective tissue. These cushions are located in the upper canal at 3 different sites.-

-circular stapling devices are used & are having many benefits

i.e. less blood loss, Post operative minimum pain fast recovery, Short hospital stay.

In this Article, Stapled Hemorrhoidopexy is described as an advanced modality for Prolapsed Hemorrhoids.

Key words- Prolapsed Hemorrhoids & MIPH -Stapled Hemorrhoidopexy

RELEVANT ANATOMY

1. Left lateral
2. Right anteorlateral
3. Right posterolateral quadrant.

They are separate structures rather than a continuous ring of vascular tissue & therefore allow the anal

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canal to dilate during defecation without tearing. Anal cushions are thought to aid in anal continence.

During the act of defecation, the anal cushions become engorged and tense with blood, cushioning the anal canal lining.

Anal cushions selectively allow passage of flatus and feces at will. It closes the anal canal at rest.

ETIOLOGY

Hemorrhoids result from disruption of the anchoring structure of the anal cushions. They occur most commonly in the right anterior position.

These are associated with straining and irregular bowel habits.

During defecation, straining engorges the cushions, resulting in their displacement. Repeated displacement of these cushions results in stretching and eventual prolapse of the cushions, known as Hemorrhoids.

- Constipation and all conditions that result in abnormal anal pressure and compliance predispose to the formation of hemorrhoids.
- Acquired conditions such as portal hypertension can cause engorgement of these venous plexuses, which can also contribute to anal cushion displacement.
- Pregnancy can also cause or aggravate symptoms. Gravid uterus applies direct pressure over the veins & obstructs the venous return.
- Influence of progesterone is more pronounced in pregnancy. It relaxes the blood vessel walls and decreases vascular resistance. So it contributes to vascular dilatation and engorgement.

The anal canal above the dentate line is supplied by the terminal branches of the **superior rectal artery**, which is the terminal branch of the inferior mesenteric artery.

The middle rectal artery (a branch of the internal iliac artery) and **the inferior rectal artery** (a branch of internal pudendal artery) supply the lower anal canal.

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- Inflammatory bowel diseases and consistent diarrhea can cause hemorrhoidal disease.
- Malignanacy occupying rectum or sigmoid colon may contribute the formation of hemorrhoids.

CLASSIFICATION

Hemorrhoids may be broadly classified as external or internal.

External hemorrhoids-
External hemorrhoids are located distal to the dentate line and cause pain when they thrombose.

This area is composed of columnar – glandular epithelium supplied by autonomous nerves.

This area is covered with squamous epithelium supplied by sensory nerves, so the patient typically reports pain, swelling, itching, or a combination of these symptoms.

Internal hemorrhoids bleed, prolapse, or both.

Patient typically presents with sudden painless bleeding, usually after a bowel movement.

Internal hemorrhoids-
These are located proximal to the dentate line.

GRADATIONS –

Internal Hemorrhoids may be graded as-

Grade 1 -
-Hemorrhoids slide below the Dentate line with strain but retract with relaxation.

-It may be associated with painless bleeding.

-Patients are typically treated with dietary changes, including increased fiber intake.

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-If Hemorrhoids persist, Sclerotherapy or Rubber banding ligation may be offered.

Grade 2 –

-These prolapse past the Anal Verge but reduce spontaneously after defecation.

- Patients are typically treated with Sclerotherapy or Rubber banding.

Grade 3 –

-These prolapse past the anal verge and must be reduced manually.

INDICATIONS-

- Grade 3 & 4 hemorrhoids.
- Surgery is reserved for cases in which conservative management is not adequate.
- Hemorrhoids refractory to office procedures.
- Large external hemorrhoids.

-Depending on the size of Hemorrhoids and the symptoms noted, patients may be treated with sclerotic therapy, Rubber banding ligation, or surgery.

Grade 4 –

-These prolapse past the anal verge and are not reducible.

-Surgical Treatment is indicated.

- Hemorrhoids with significant bleeding.
- Prolapsed internal hemorrhoids.
- Failure of non operative methods.
- Fibrosed piles.

CONTRAINDICATIONS-

- Anal stenosis.
- Associated anorectal disease like-
- Fistula in ano.
- Malignancies of rectum and sigmoid colon.

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PROCEDURE OF MIPH (STAPLED HEMORRHOIDOPEXY) –

1.-Insert a circular anal dilator & anchor it to the skin with a heavy suture on a cutting needle. Apply counter traction to the skin.

2.-Introduce the purse string suture anoscope through the circular anal dilator. The rotation effect of the suture anoscope allows the placement of a purse string suture in a circular fashion at the correct height i.e. 3-4cm above the dentate line and depth (mucosa & submucosa).

3.-Place small bites close together with a 2-0 monofilament suture on a 25-30mm curved needle. No "dog ears" or "gaps" should be present.

4.-Insert the fully opened stapler head through the purse string and throw 1 knot on the purse string.

5.-Then draw back the two tails of the sutures through the lateral channels in the head of the anvil.

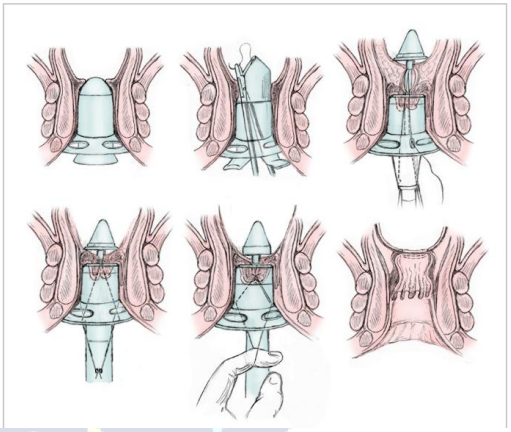
6.-Further secure the purse string under direct visualization.

7.-Knot the tails or clamp them with forceps.

8.-Align the stapler along the axis of the anal canal and close it while maintain downward tension with the lateral tails.

9.-The 4cm mark should be at the level of anal verge. If the patient is female, pass a finger into vagina to ensure the posterior wall is not caught in the stapler.

10.-Inspect the staple line for bleeding and reinforce the staples, if needed.



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ADVANTAGES OF MIPH -

Multiple studies have shown that in comparison with open or closed hemorrhoidectomy, [MIPH] stapled henorrhoidopexy results in-

- Minimum pain
- Less blood loss
- Faster recovery
- Short hospital stay
- There is significant loss of anal cushions in conventional hemorrhoidectomy creating a large wound.
- This wound heals by secondary intention & also takes much time to heal completely.
- As the wound heals by secondary intention, there is formation of more granulation tissue and finally it results into a fibrosed scar. It may result into anal stenosis.
- Conventional hemorrhoidectomy cuts out the anal cushions, hampering their function.
- So patient may lose the continence of the flatus.
- Also high ligation of bleeding vessels during conventional hemorrhoidectomy is practically very difficult so there may be a loose knot which may result into post operative bleeding & complications.
- In stapled hemorrhoidopexy, there is no large wound creation; the cut edges of mucosa are just approximated with the help of stapler so there is healing by primary intention and no fibrosed scar formation.
- It contributes to the early recovery of patient.

Some authors have suggested that stapled hemorrhoidopexy presents an increased risk of septic complications.

E.g. -

- Rectal perforation, Pelvic sepsis, Persistent severe pain, rectal obstruction, Recto-vaginal fistula.

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- Chances of these complications are very less in the hands of trained surgeon however these complications are reported in literature.

REFERENCES:

1. Bailey & Love's (Short Practice of Surgery) , 24th Edition
2. Sabiston Textbook of Surgery; Vol. 1, Courtney M.TOWNSEND, Jr, MD; B. Mark Evers, MD; Kenneth L. Mattox, MD. Eighteenth Edition, Elsevier Publication 2008.
3. Schwartz Principles of Surgery; F.Charles Brunicardi, M.D. F.A.C.S., 8th Edition 2005, Mc GRAW-HILL Medical Publishing Division.
4. Mastery of Surgery; Josef E. Fischer, 5th Edition, Lippincott Williams & Wilkins.

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