

## NON SURGICAL MODALITIES OF TREATMENT FOR HAEMORRHOIDS (A THREE YEARS REVIEW)

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### ABSTRACT

**Objective:** To determine the effectiveness of different non surgical modalities of treatment for haemorrhoids.

**Study Design:** Quasi experimental.

**Setting & Duration:** Surgical Unit I, Chandka Medical College Teaching Hospital, Larkana from April 2004 to March 2007.

**Methodology:** A prospective, descriptive study was carried out, including variables like, age, gender, clinical manifestations and type of non surgical alternative of treatment, complications and stage of the illness. A total number of three hundreds patients with 1st and 2nd degree haemorrhoids were included while patients with 3rd and 4th degree and external haemorrhoids were excluded from the study. Data was obtained and collected in specially designed proforma for each patients. Most of the patients were dealt as O.P.D case.

**Results:** Various non surgical modalities of treatment for internal haemorrhoids were performed on 300 patients which were randomly selected. Mean age was 39 Years, with relatively male preponderance over females. Conservative treatment was given to 100 patients (33.33%). Successful results achieved in 75 patients (75%). Out of 100 patients (33.33%) who were given injection sclerotherapy 69 patients (69%) responded well, 13 patients had pain, 7 patients developed infection and 11 patients (11%) got no benefit from the treatment. 100 patients (33.33%) received band ligation, among those 86 patients (86%) had uneventful recovery, 05 patients (5%) had pain while recurrence was seen in 09 patients (9%) who ultimately needed surgery.

**Conclusion:** Conservative treatment is recommended for first and second degree haemorrhoids which sufficiently relieve symptoms. Injection Sclerotherapy and Banding treatment are procedures of choice for first and second degree haemorrhoids.

**KEY WORDS:** Haemorrhoids, Medical Treatment, Injection Sclerotherapy, Rubber Band Ligation

### INTRODUCTION

Haemorrhoids are dilated veins occurring in relation to the anus.<sup>1</sup> The term haemorrhoids have different meaning to different people, many people use these words to describe the wide variety of anorectal conditions.<sup>2</sup>

Haemorrhoids are common in both men and women. About half of the population have haemorrhoids by age 50.<sup>3</sup> Common presenting symptoms are bleeding per rectum, prolapse, itching and mucoid discharge. Caution by clinicians must be used not to misdiagnose other anorectal problems as haemorrhoids.<sup>4</sup> Although many people have haemorrhoids, not all express symptoms.<sup>3</sup> Haemorrhoids symptoms have been known from time immemorial, these are considered to be a wide spread problem which is progressive if untreated.<sup>5</sup> Diagnosis is clinical and always reached after having ruled out other locoreginal pathology.<sup>6</sup> Treatment is oriented to the stage of disease 1st degree haemorrhoids are treated conservatively. In addition to high fibrediet, sclerotherapy is used. Second degree haemorrhoids are treated by rubber band ligation, 3rd and 4th degree haemorrhoids usually need surgery.<sup>7</sup>

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**METHODOLOGY**

This prospective study was conducted at Surgical Unit I, Chandka Medical College Hospital, Larkana from April 2004 to March 2007. Three hundred patients presented with various degrees of internal haemorrhoids were included while patients with 4th degree and inter-external haemorrhoids were excluded from the study. Most of the patient were dealt as Out Patient cases and treated by non surgical methods of treatment. The data was obtained and analyzed by filling a specially designed proforma for each patient. Assessment of the patients was done by a detailed History and clinical examination. Investigations like Hemoglobin percentage and Proctoscopy was performed in all the cases, while sigmoido-colonoscopy and barium study were added to exclude proximal inflammatory or neoplastic lesions in suspected cases. After initial assessment all patients were treated by different modalities of non surgical treatment including medical treatment, injection sclerotherapy and rubber band ligation. Other non-surgical methods are Cryosurgery and photocoagulation which are not included in our study because of non-availability of equipments at our institute.

**RESULTS**

A total number of 300 patients with different types of haemorrhoids were included in this study. Their age ranged from 10-75 years, with mean age of 39 Years. Majority of the patients seen between 31-50 years of age (Table I). There was male preponderance, among 300 patients 159(53%) were male and 141 patients (47%) were female (Table II). The male to female ratio was 1.1:1. Most of the patients presented with history of prolapse 160 patients (53.33%), bleeding per rectum was seen in 24.33%, pruritis ani was associated complaint in 28.66% and constipation was also associated complaint in 231 patients (77%). Family history of haemorrhoids was positive in 163 patients (54.33%). All patients

**Table I. Age Distribution n=300**

Age	Number	Percentage
10-20 Years	13	4.33
21-30 Years	38	12.66
31-40 Years	76	25.33
41-50 Years	58	19.33
51-60 Years	51	17.00
61-70 Years	45	15.00
> 70 Years	19	6.33

with first, second and third degree haemorrhoids were treated by non surgical modality of treatment. Out of 300 patients 100 were randomly selected for each modality of treatment which are frequently available in this hospital (Table III). To avoid constipation and heavy lifting of objects, eat a balanced high fibre diet, drink plenty of water, fluids, exercise, avoid straining during defecation, avoid spicy foods, coffee and alcohol, calcium dobesitate 500mg and Tranexamic acid 500mg for bleeding piles are important measures for conservative treatment of haemorrhoids. Out of 100 patients who were given medical treatment 65 patients (65%) had first degree and 35% had second degree haemorrhoids. 75% of patients responded to medical treatment (Table IV), remaining 25% patients who did not follow general instructions resulted in failure to medical treatment. Another non surgical modality of treatment is Injection Sclerotherapy with 5% Phenol in Almond oil which will cause thrombosis of vessels and fibrosis. Among 100 patients who were kept on Injection Sclerotherapy, 36% patients had first degree and 64% had second degree haemorrhoids (Table V).

Every patient was reassessed after six weeks. This procedure was found successful in 69% patients without complications, 13 patients had post procedure pain, 7% developed infection while 11% patients gave no response to the treatment therefore needed other forms of treatment like band ligation and haemorrhoidectomy. Barron's Rubber band ligation cause ischaemic necrosis of large first, second and third degree internal haemorrhoids is a widely practiced procedure. Out of 100 patients kept on this treatment, 10 patients had first degree, 65 had second degree while 25 patients were of third degree haemorrhoids (Table VI), every patient was reassessed after three weeks. 86% patients gave satisfactory response with no complication while 14 patients had post procedure pain.

**Table II. Sex Distribution n=300**

Sex	Number	Percentage
Male	159	53
Female	141	47

**Table III. Treatment Haemorrhoids**

Treatment Option	No.	%
Medical Treatment	100	33.33
Injection Sclerotherapy	100	33.33
Band Ligation	100	33.33

Medical Treatment	No.	%
1st Degree Haemorrhoids	65	65
2nd Degree Haemorrhoids	35	35
Satisfactory Results	75	75

Table IV. Treatment Option (Medical Treatment)

## DISCUSSION

Haemorrhoids are a common condition in adult population with prevalence of about 4%, only one third of patients with symptomatic haemorrhoids seek medical help.<sup>8</sup> Haemorrhoidal disease is a clinical entity which requires proper treatment in its early stage to prevent complications and to decrease morbidity. Most of the patients in this study 114(44.66%) were between 31-50 years. There was relatively male preponderance over females, 53% were male and 47% female. Mean age was 39 years. In one study mean age found is 44.1 years and there was also male preponderance.<sup>9</sup> Some thing coming out of anus was the chief complaint in most of the patients 153(51%) followed by bleeding per rectum in 173 patients (57.6%) pruritis ani in 86(28.6%), and constipation was the associate complaint in 231 patients (77%). Family history of haemorrhoids was positive in 163 patients (54.33%). Digital rectal examination and proctoscopy are important to diagnose the haemorrhoids as also mentioned in the literature.<sup>1,3</sup> All patients with 1st and 2nd degree internal haemorrhoids were treated by non surgical method of treatment. Conservative treatment including high fiber-diet and increase fluid intake and stool softeners were offered to 100 patients (33.33%) of 1st degree haemorrhoids, 75 patents (75%)

Table VI. Treatment Option (Band Ligation)

Band Ligation	No.	%
<b>Degree of Haemorrhoids</b>		
1st Degree	10	10
2nd Degree	65	65
3rd Degree	25	25
<b>Session of Treatment</b>		
1st	42	42
2nd	58	58
<b>Complications of Procedure</b>		
Pain	14	14
None	86	86

Injection Sclerotherapy	No.	%
<b>Degree of Haemorrhoids</b>		
1st Degree	36	36
2nd Degree	63	63
<b>Complications of Procedure</b>		
Pain	13	13
Infection	7	7
Failure	11	11
None	69	69

Table V. Treatment Option (Inj. Sclerotherapy)

responded well with no recurrence. Conservative treatment include fluid and fiber intake and retraining toilet habits, use of laxatives and local creams. Results highly corresponds to other studies with this treatment modality was found successful.<sup>10</sup> Out of 100 patients (33.33%) under went injection sclerotherapy 69 patients (69%) responded well without complications. This sort of treatment is also recommend by other authors as highly beneficial for 1st and 2nd degree haemorrhoids with satisfactory results.<sup>1,11,12</sup> Out of 100 patients, (13%) had pain, infection seen in 7 patients while (11%) of patients gave no significant response ultimately needed rubber band ligation or surgery. The efficacy of this form of treatment is also supported by other studies as well.<sup>5</sup> Banding treatment was offered to 100 patients (33.33%), all were reassessed after every three weeks. Successful results were obtained in 86 patients (68%) while 5 patients (5%) developed pain, recurrence was seen in 9 patients (9%) at two year follow up and surgery was performed in those patients. Results from this study are well correlated with the results described by other authors in which success rate was (92.8%), symptomatic recurrence was seen in (11.04%) after two years and (4.13%) patients developed pain.<sup>4</sup> In another study rubber band ligation found effective mode of treatment for early haemorrhoids in (82.2%) of patients.<sup>3</sup> According to some studies only two of the non surgical procedures are in general use-rubber band ligation and sclerotherapy.<sup>13</sup> Both procedures share a high recurrence rate.<sup>14,15,16</sup>

## CONCLUSION

Conservative treatment is recommended for first and second degree haemorrhoids which sufficiently relieve symptoms. Injection Sclerotherapy and Banding treatment are procedures of choice for first and second degree haemorrhoids.

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