
SURGICAL TREATMENT OF CHRONIC HEMORRHOIDS IN PATIENTS WITH DRUG HYPOCOAGULATION

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ABSTRACT: Today, hemorrhoids are characterized by their relevance among coloproctological diseases. There is a lot of data on the pathogenesis and course of hemorrhoidal disease, the clinical picture of hemorrhoids, which is diverse in a wide range and requires careful differential diagnosis. Thus, we set a goal to study the results of surgical treatment of chronic stage III-IV hemorrhoids in patients with drug-induced hypocoagulation.

Material and methods. We studied 230 patients with chronic combined stage III-IV hemorrhoids, concomitant cardiovascular pathology. The groups were matched by sex, age, type and severity of pathology, as well as the type of surgical intervention. In the main group - 112 patients with chronic combined hemorrhoids and drug hypocoagulation for concomitant cardiovascular pathology, Milligan-Morgan hemorrhoidectomy was combined with the proposed method of enhancing the local hemostatic effect by using the domestic hemostatic agent "Heprocel" in the form of a gel.

The results showed that the application of a hemostatic agent in the area of tissues dissected in the anal sphincter region, due to its high adhesiveness and barrier function, made it possible to reduce the intensity of the pain syndrome.

KEYWORDS: Experimental study, morphology, model of anus wound, drug hypocoagulation, hemostasis, "Heprocel"

INTRODUCTION

Objective: to study the results of surgical treatment of stage III-IV chronic hemorrhoids in patients with drug hypocoagulation by improving the hemorrhoidectomy method using an application hemostatic agent.

MATERIAL AND METHODS

The study was based on 230 patients with chronic combined hemorrhoids of stage 3-4, concomitant cardiovascular pathology and against the background of antiplatelet or

anticoagulant therapy, treated in the clinic of the Urgench branch of the Tashkent Medical Academy in 2010-2021. All patients were divided into two groups, according to the directions of the study. The groups were matched by sex, age, type and severity of pathology, as well as the type of surgical intervention. The comparison group was made up of 118 patients in whom the analysis of the results for the comparative study was carried out retrospectively, all patients regularly received antiplatelet agents or anticoagulants for various cardiovascular diseases to create drug hypocoagulation, all patients underwent Milligan-Morgan hemorrhoidectomy. In the main group - 112 patients with chronic combined hemorrhoids and drug hypocoagulation for concomitant cardiovascular pathology, Milligan-Morgan hemorrhoidectomy was combined with the proposed method of enhancing the local hemostatic effect by using the domestic hemostatic agent "Heprocel" in the form of a gel.

The patients' age was from 19 to 74 years. The average age in the main group was 48.1 ± 14.6 years, in the comparison group - 46.5 ± 13.3 years. There were 54.5% (61 of 112) patients on anticoagulant therapy in the study group and 53.4% (63 of 118) in the comparison group. In other cases, the patients received antiplatelet therapy.

In 42.0% (47 out of 112) cases in the main group and 45.8% (54 out of 118) in the comparison group, ischemic heart disease with stable exertional angina was associated. Further, according to the frequency of occurrence (25.9% in the main and 23.7% in the comparison group), mitral valve insufficiency, aortic stenosis (19.6% and 17.8%), hypertension (8.0% and 8.5%) and arrhythmic ischemic heart disease (4.5% and 4.2%).

The patients had a history of surgical interventions for concomitant cardiovascular disease. Thus, in patients with ischemic heart disease, coronary artery bypass grafting and / or stenting of the coronary arteries was performed. In cases of acquired valvular pathology, patients underwent mitral or aortic valve replacement.

Chronic hemorrhoids in all patients included in the study had a complicated clinical course. So, in 100% of cases, there was a prolapse of hemorrhoids. Also, in most cases (90.2% in the main group and 90.7% in the comparison group) there were recurrent bleeding. Pain syndrome and itching occurred with almost equal frequency - 50.3% (164 out of 326) and 42.0% (137 out of 326), respectively. Single bleeding was noted only by 9.3% (11 of 118) patients in the comparison group and 9.8% (11 of 112) in the main group.

In the main group, the Milligan-Morgan method of hemorrhoidectomy was applied using a rectal mirror, excision and stitching of external and internal hemorrhoids, dissection of

the anal sphincter at 6 hours according to Aminev and complete restoration of the mucous membrane of the anal canal. At the same time, bleeding from dissected tissues in the anal sphincter area is stopped by double application of the hemostatic agent "Heprocel" prepared at the rate of 4 g of powder "Heprocel" diluted with 100 ml of saline for 5 minutes until the formation of a gel with a viscous consistency.

RESULTS

A comparative analysis of the results of hemorrhoidectomy in patients with drug hypocoagulation showed that the application of a hemostatic agent in the area of tissues dissected in the anal sphincter area due to high adhesiveness and barrier function allowed to reduce the intensity of pain syndrome (on the 3rd day after surgery - 4.3 ± 1.3 points in the comparison group versus 3.5 ± 1.0 points in the main group; $t = 5.42$; $p < 0.001$), to reduce the frequency of the complicated course of the postoperative period for hemorrhagic syndrome from 18.6% to 6.3% ($\chi^2 = 7.165$; $Df = 1$; $p = 0.005$), while in 2.5% of cases (3 patients in the comparison group), additional suturing of the stump of the removed node was required.

A faster recovery period of patients in the main group allowed a reduction in the hospital period from 6.5 ± 1.4 to 5.2 ± 1.3 days ($t = 7.65$; $p < 0.001$), and the total period of postoperative rehabilitation from 15.4 ± 2.9 to 11.5 ± 2.6 days ($t = 10.49$; $p < 0.001$). In general, in the main group, the proportion of good and satisfactory results of the operation was improved from 93.2% to 98.2% ($\chi^2 = 11.958$; $Df = 2$; $p = 0.003$).

CONCLUSIONS

The proposed method of hemorrhoidectomy with concomitant anal fissure in patients with drug hypocoagulation for cardiogenic pathology includes performing hemorrhoidectomy according to Milligan-Morgan with complete restoration of the anal mucosa using atraumatic absorbable sutures, as well as dissection of the anal sphincter with application to the wound 4% g improving the quality and stability of local hemostasis.

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