
Management of post haemorrhoidectomy pain

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The operation of haemorrhoidectomy carries a notorious reputation in regard to the severity of post-operative pain. Realization of this fact, has been a stimulus to surgeons in the elaboration of alternative methods for performing this operation. Thus they found the stretching of the anal sphincters prior to the internal sphincter ligation and excision haemorrhoidectomy, there is a significant reduction in the amount of pain, than other operations. Also there is minimal postoperative pain in haemorrhoids treated by cryotherapy. Management of post-haemorrhoidectomy pain prophylactically before operation by informing our patients about the pain, intravenous analgesics during operation, early relief of flatulence, urinary retention, nausea will help to raise the patient threshold of pain. Post-haemorrhoidectomy pain can be relieved by various therapeutic methods, using narcotic analgesics. Morphine is still the drug of choice among powerful analgesics, 5 - 10 mg. every 4 - 6 hours in the first day, it raises the threshold for pain perception, alters the pattern of reaction to pain and euphoria and sleep that occurs will raise the threshold for pain. There are newer narcotic analgesics with an analgesic effect more than morphine as Buprenorphine, Pentazocine and Butorphanol. Transperineal pudendal nerve blocks which were first performed by Muller in Germany 1900 but has many complications such as puncture of rectum, hematoma and toxic reactions. Caudal analgesia, recently at some centers used caudally applied morphine which can give analgesia for about 10 hours. On using epidural opiate analgesia to relieve posthaemorrhoidectomy pain, there is a considerable amelioration of pain which commenced within 2 - 5 min., reached peak in 10 - 15 min., and was effective for 18 - 48 hours. It is suggested that the morphine reached the subarachnoid space and produced its effects by direct action on the specific opiate receptors in the substantia gelatinosa of the posterior horn cells of the spinal cord. Buprenorphine is the drug of choice it is excellent analgesia given in low dose, the duration of action is long but no longer than morphine. Advantage of epidural analgesia is high quality of analgesia in low dose, and is free of side-effects attributable to sympathetic and proprioceptive blockade. Disadvantage: itching, nausea and vomiting and urinary retention and late respiratory depression. From that study the following conclusion can be postulated: stretching-sphincter prior to excision and low internal sphincter ligation haemorrhoidectomy can reduce the post-operative pain. - The analgesic drugs are effective when given to treat already existing pain, but less effective when used prophylactically before the onset of pain. - Morphine 5 - 10 mg. / 4 - 6 hours in the first day is still the drug of choice. It raises the threshold for pain perception and alters the pattern of reaction to pain. - The newer narcotic drugs are more

analgesic effect than morphine.- Epidural opiate analgesia, was effective for 18-46 hours.its advantage is high quality of analgesia in low dose.