
Comparative study between modern techniques and milligan-morgan operation in treatment of haemorrhoids

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Haemorrhoidal disease is one of the most common ailments to afflict mankind. Different treatment modalities are available for the management of haemorrhoidal disease. Surgery was shown to be the appropriate form of the treatment for third and fourth degree of haemorrhoidal disease. Surgical excision of third, fourth degree haemorrhoidal disease was followed in considerable number of patients by some complication. Stapler haemorrhoidectomy as described by Longo (1998), is a newly introduced treatment modality aiming at avoiding the most common post-operative complications. This study was conducted on 100 patients divided randomly into 4 groups, 25 patients in each. 1st group was submitted for stapler haemorrhoidectomy, 2nd group was submitted for rubber band ligation of haemorrhoids, 3rd group was submitted for Good sail's stitch technique and the 4th group was submitted for conventional haemorrhoidectomy and the results were compared. Complete history taking, general and anorectal examination. Proctoscopy and anal manometry was done for each patient before surgery. Follow up of pain score, need for analgesia, hospital stay, time off work, occurrence of complications, post-operative anal manometry was done for each patient for 3 months after surgery.

Summary It was found that post-operative pain and need for analgesia was significantly lower in the first three groups than after conventional haemorrhoidectomy. Also hospital stay and return to normal activities were significantly shorter in the first three groups than after conventional haemorrhoidectomy. Also it was found that patient satisfaction was significantly more superior in the first three groups. Anal manometric studies was carried out as a measure for any physiological changes in the anal canal after surgery in each -groups. We did not find any significant changes regarding the pre and post operative values in the first three groups, where as in the conventional group a significant change in the vector symmetry index at squeeze was documented due to the post-operative fibrosis that takes place during healing of the anal wound. Postoperative urine retention was of higher incidence in group IV than in the first three groups. The occurrence of minor incontinence was recorded in one patient of group IV only. Recurrence was higher in group II in patients with 4th degree haemorrhoidal disease while there was only one patient in group I, III and two patients in group IV. No major complications were met with during our study in each groups.