

عنوان مقاله:

Clinical complications of hemorapy device versus Milligan-Morgan hemorrhoidectomy in patients with hemorrhoids in ۲۰۱۷-۲۰۱۸

محل انتشار:

مجله جراحی و تروما, دوره 7, شماره 4 (سال: 1398)

تعداد صفحات اصل مقاله: 6

نویسندگان:

Hamid Zeinalinejad - Associated Professor in Kerman University of Medical Sciences, Kerman, Iran

Bahram Pourseyedi - Associated Professor in Kerman University of Medical Sciences, Kerman, Iran

Hossein Rahmani - Resident of General Surgery in Kerman University of Medical Sciences, Kerman, Iran

alireza Amirbeigi - Assistant Professor in Kerman University of Medical Sciences, Kerman, Iran

Mohsen Najmadini - Assistant Professor, Department of Surgery, School of Medicine, Birjand University of Medical Sciences, Birjand, Iran

Mehran Ebrahimi - Assistant Professor in Kerman University of Medical Sciences, Kerman, Iran

Mohammad Sadegh Jashnani - Army University of Medical Sciences, Tehran, Iran

.Roza Naghdi - Seyyed Al Shohada Hospital, Tehran, Iran

Amir Hossein Pourdavood - Resident of General Surgery in Kerman University of Medical Sciences, Kerman, Iran

خلاصه مقاله:

Introduction: Hemorrhoids can be managed by means of several therapeutic options. Regarding this, it is of fundamental importance to identify the hemorrhoidectomy method with fewer complications (e.g., bleeding, pain, and postoperative infections) or beneficial outcomes (e.g., accelerated speed of wound healing and resumption of normal life activities). Such knowledge can play a significant role in the advancement of medical and educational goals. Therefore, the present study was conducted to compare the clinical results of Milligan-Morgan surgery and hemorapy device in the treatment of patients with hemorrhoids. Methods: This prospective study was conducted on 90 patients aged over ۲. years with hemorrhoids referring to Bahonar and Afzalipour hospitals of Kerman, Iran, and diagnosed to need surgery by a surgical specialist. The study population was selected using a simple randomization method and then allocated into two groups of A and B, regardless of gender. Group A was operated by open or Milligan-Morgan technique, while group B was subjected to the hemorapy method. After the surgery, the patients' data were recorded in specific forms and analyzed by SPSS software (version Y1). Results: Out of 50 patients with hemorrhoids, WY (54%) cases were male. Regarding the severity of hemorrhoids, 19 (٣٢%) and F1 (۶٨%) patients had fourth-degree and thirddegree hemorrhoids, respectively. The mean age of the patients was Ψ۵.λ۶±1٢.λ۴ years. Four weeks after the surgery, the mean pain scores of the patients in the Milligan-Morgan and hemorapy groups were W.FY±1.AF and 1.FY±1.FA,

respectively, showing a statistically significant difference (P=∘.∘∘۱). However, λ weeks post-surgery, no pain, bleeding events, urinary retention, or incontinence were observed in the patients, except for anal stenosis in two patients treated with the Milligan-Morgan method. Conclusions: According to the results, the hemorapy method resulted in lower postoperative pain than the Milligan-Morgan method. In addition, the hemorapy technique was accompanied by considerably fewer complications, such as bleeding, urinary retention, gas incontinence, and stenosis, compared to .the Milligan-Morgan method. Consequently, the hemorapy method can be recommended for hemorrhoidectomy

کلمات کلیدی:

Hemorapy, Hemorrhoids, Milligan-Morgan, Postoperative Complications

لینک ثابت مقاله در پایگاه سیویلیکا:

https://civilica.com/doc/1865867

