

# One Day Surgery Times

Issue 10

Volume 2

December 2009

**Editor:**

Dr. T. Naresh Row

**Board:**

Dr. Paras Jain

Dr. T. Seema Row

Dr. Kishore Adyanthaya

Dr. Bharat Shah

Ms. Smita Khanna

A monthly publication of One Day Surgery India Private Limited

Rs. 10/-

[www.one-daysurgeryindia.com](http://www.one-daysurgeryindia.com)

**ANNOUNCEMENT**

Keeping with our continued effort in sharing our experiences & increasing awareness, we have launched a CME program, we will meet once a month, and discuss different topics.

For better interaction, we will be inviting you in groups.

**From the Editors Desk:**

**Anal Surgeries as Day Care:**

Surprise is expressed by everyone when we talk about Piles excision as One Day Case. But, over several years, anal surgeries, of different types, have been performed successful, by several surgeons, at different centers all over the country.



Though, the trend is still to keep the patient overnight, for observation.

**Haemorrhoides:**

As we all know, Piles are classified, broadly, into 4 degrees. Without going into the controversies and discussions, which are beyond the scope of this news letter, I will briefly describe the type/degree of pile and the popular treatment for it.

**1st degree piles**, are internal, with or without bleeding. Usually, if without bleeding, found only on routine examination, is best left alone. Caution the patient to improve bowel and eating habits. That is, to avoid constipation. If there is bleeding, then the treatment ranges from Sclerotherapy, which entails injection of a sclerosant around the pile mass, most commonly used is Phenol in Almond oil. This is an OPD procedure and can be done under local lignocaine jelly application, requires 10 to 15 mins. It usually has to be repeated every month till complete remission of the pile is achieved. It works by creating fibrosis in the sub-mucosal plane, causing pressure over the venous engorgment, which is a component of the pile mass. Cryosurgery, Banding, Infra Red Coagulation, Radio frequency ablation, are some other form of treatment available, which can be done as OPD.

**2nd degree piles**, prolapses slightly during defecation with spontaneous return inside. Always internal, usually can be managed by the same treatment as for 1st degree. Rarely requiring excision.

**3rd degree piles**, prolapses during defecation and requires manual reposition in to its proper place. Surgical excision is the treatment of choice. Usually, surgery is internal, that is, there is no raw area outside, as the surgical margin rarely crosses the

anoderm. Therefore, less painful. It involves complete excision of the pile mass, with 100% cure rate in expert hands. Open or Closed method is used, including Staplers Haemorrhoidectomy. Staplers are very expensive.

**4th degree piles** have a large external component, that is, they are internal, as well as external. They are also known as prolapsed piles. If associated with thrombosis, then they can be painful. Haemorrhoidectomy is the only option, simple excision by Open or Closed method is ideal.

**Thrombosed pile**, is an acute 'pile' with an internal blood clot. They are painful, requiring surgical evacuation of the clot in the early phase. Smaller clots resolve by conservative methods.

**Sentinel pile**, usually associated with a Fissure-in-ano, do not contain any vascular component. Also known as skin tag, requires surgery if symptomatic, otherwise, excision is required only for cosmetic reason.

**Symptoms:** Bleeding during passing motion is the presenting feature. It can be in the form of drops or a stream of bleeding before, during or after defecation. Piles are usually pain less, only in the presence of inflammation (proctitis) or large size, do they cause pain. Sensation of incomplete evacuation may be there. 'Something coming out' per anum, are presentations of 3rd & 4th degree piles. Itching and mucus discharge are associated with pruritis ani due to secretions of large piles.

**Why do piles occur?** Many theories have been put forward, but the most common known factors is chronic constipation or diarrhoea. Straining during defecation, and 'Executive habit' of reading news paper/magazines during defecation, leading to prolonged sitting in the toilet. Though, reading relaxes the mind and thus relaxes the sphincter, but, prolonged sitting, that is, more than 3 to 4 mins., can lead to pressure on the anal vessels

**Dr. J. Ayeshabala Gurusamy,**

Consultant ENT Surgeon,

Will be available for consultation at Babulnath Hospital

from 4:00pm to 6pm, every day

For appointment, please call 23674758

Mobile: 09004864493

Without actually putting any pressure. It is said, that gravitational pull along with the weight of our internal organs, are enough to produce piles in vulnerable people.

Apart from these basic reasons, there are several theories which proposes formation of piles.

**Medical management:** cure of constipation or diarrhoea is the main stay in the prevention of piles formation. Constipation can be treated with changes in diet, intake of high fiber food like salads and fruits, plenty of water. Bulk laxatives supplements like Isubgol husk help in increasing the bulk of stool, facilitating motility. Osmotic and other laxatives can be used for a short time, as prolonged use can cause dependency and other side effects.

Avoid eating refined food like 'maida' products, like biscuits, pizza, 'pav', etc. Red meat and pastas are also to be avoided. Spicy food act by causing irritation and loose motion or constipation, therefore associated with piles, so is to be avoided.

Change in habits of sitting in the toilet reading a newspaper, should be stopped. It is always better to go twice than to sit for a long time and never to exert pressure while passing stools. These are a few points to remember to explain to the patient before and after surgery so as to prevent aggravation or recurrence of piles.

**Anaesthesia:** Surgical excision is usually performed under GA, Spinal, Caudal or Local anaesthesia. Pedental block and Ring block are ideal for One Day Piles surgery. It requires certain expertise, but, combination of Local block with sedation is perfect for patients recovery and doing away with the associated complications of other anaesthesia.

**D-Calsoft® Capsules**  
(Calcium with Calcitriol Capsules)

**Softzoint® Capsules**  
(Glucosamine Sulfate, EPA/DHA Capsules)

**Softrone® 100/200mg**  
(Natural Micronised Progesterone Capsules)

**Softclin® Capsules**  
(Clindamycin and Cotrimazole Capsules)

**Softner Plus®**  
(Carbonyl Iron, Folic acid, Vit B 12, plus Zinc Capsules)

**Sofhaem® Capsules**  
(Haematinic Capsule)

**Q-Soft® 60/100mg**  
(Co-enzyme Q 10)

**Softonic® Syrup**  
(Yeast extract, Peptone, Calcium Gluconate Syrup)

**Sovimin® Syrup**  
(Multivitamin Syrup)

**D-Calsoft® Syrup**  
(Calcium Vit D3 with Vit B 12 Syrup)

**Besoft® Syrup**  
(B Complex with Lysine)

**COZET® Syrup**  
(Sugar Free Cough Linctus Syrup)

**Softace®**  
(Antioxidant & Vit. A, C, E Capsules)

**Softcde®**  
(Codliver oil Plus Vit E Capsules)

**Nurosoft®**  
(Methylcobalamin 750 mcg, Alpha Lipoic Acid, Folic acid, Pyridoxine)

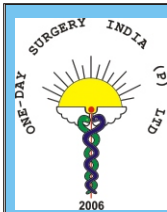
**Nurosoft Plus®**  
(Methylcobalamin 500 mcg, EPA/DHA, Folic acid)

**Soft hale®**  
(Vapocaps)



Marketed by: Softech Pharma Pvt. Ltd. Nani Daman-396215, INDIA

Softech Pharma



**Surgery & discharge on same day for:**

Hernia, Piles, Fistula, Fissure, Diabetic foot, Pilonidal sinus, Ingrown toe nail, Lipoma, Sebaceous cyst, Abscess, Circumcision, Vasectomy, D & C, Tubal Ligation, Diagnostic Lap; etc. (In selected cases)

**Extended stay:** Appendix, Gall stones, Hystrectomy, etc.



**Other Surgeries related to:** Paediatric, Urology, Plastic, ENT, Vascular. Chemotherapy & related treatment. (Please take prior appointment).



**One Day Surgery Center**

**BABULNATH HOSPITAL**

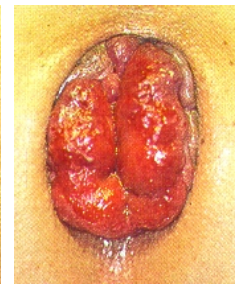
**An exclusive Day Care Surgery Center with 24 hours nursing care & extended stay facility**

15, Sadguru sadan, Opp. Babulnath Mandir, Babulnath Road, Mumbai-400 007. **Tel.:** 23674758, **Fax:** 2367 5221

**E-mail:** nareshrow@hotmail.com **Web:** www.one-daysurgeryindia.com



2nd degree piles



3rd degree piles



4th degree piles

**Post-op care:** As the patient is sent home, he is advised how to prevent complications, and tackle them if required. The most common problem after piles surgery is pain and bleeding.

Pain is reduced by pain-killers, local application of lignocaine oint. or jelly and Hot Seitz bath. This can be done 3 to 4 times a day followed by local application.

Bleeding during defecation is expected. But, it will increase if there is straining during defecation or due to hard stools. Care should be taken to avoid both, by eating a good meal with high fiber diet and not soft food or liquids only, as is usually done, after piles surgery. Drink plenty of water and keep the anal area free of faecal matter by washing with plain water 3 to 4 times.

*To be cont.....*

**Patient's convenience and safety is our prime concern.**