XLVI Congresso SPCir
Resumo Comunicação Oral

ID Resumo: 17638629952
Capítulo: Coloproctologia

Tipo
Comunicação Oral

Título
Pain as the Primary Outcome in Hemorrhoidectomy: A Technique-Focused 236 Patient Cohort Study

Introdução
Hemorrhoidal disease is one of the most common anorectal disorders. Pain remains one of the most important patient complaints after an hemorrhoidectomy. Application of energy devices aims to reduce pain. No surgical technique has become universally adopted.

Material e Métodos
To compare postoperative pain after Ferguson, Milligan?Morgan (MM), closed hemorrhoidectomy with LigaSure, and stapled hemorrhoidopexy (PPH) for Gollinger grade III?IV hemorrhoids.

Resultados
In the analysis 236 patients were included . For immediate pain, mean±SD pain was 1.10±1.51 for LigaSure (n=104), 2.22±2.55 for Ferguson, (n=107) 2.30±2.79 for MM (n=10), 4.54±1.90 for PPH (n=13),with significant difference between techniques (p<0.001). Late pain again differed by technique (p<0.001): mean±SD were 0.82±1.51 (LigaSure), 1.57±2.05 (Ferguson), 2.00±2.91 (MM), and 2.00±2.38 (PPH); LigaSure was lower than Ferguson (p=0.001). Pain at 1?3 months also varied (p=0.002): 0.51±1.37 (LigaSure), 1.30±2.03 (Ferguson), 1.10±1.73 (MM), with LigaSure related pain remaining lower than Ferguson (p=0.003). Across the cohort, oral metronidazole did not change pain at any time point (immediate p=0.789; late p=0.969; 1?3 months p=0.197).

Discussão
After hemorrhoidectomy for grade III?IV disease, surgical technique seems to be the determinant for postoperative pain. These data support LigaSure closed hemorrhoidectomy as the option associated with the most favorable pain profile, while routine metronidazole for analgesic purposes is not supported by this dataset.

Hospital:
Autores: Filipa Rato, Mariana Cruz, Bernardo Sampainho, Marta Costa, Cristina Camacho, André Oliva, Pedro Silva-Vaz, Nuno Rama, José Guilherme Tralhão