

Proceedings of International Educators Conference

Hosted online from Rome, Italy.

Date: 25th January, 2023

ISSN: 2835-396X

Website: econferenceseries.com

ASSESSMENT OF POSTOPERATIVE PAIN LEVEL IN HEMORRHOIDS, ANAL FISSURE, PARAPROCTITIS AND PARARECTAL FISTULA

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Annotation

The pain after proctological operations is the strongest because the injury is in the anal area and is associated with defecation. Postoperative pain depends on the type of disease, its degree, the type of operation, the type of anesthesia, the surgeon's skills, and the patient's individual sensitivity.

In 2022, the level of pain in the postoperative period was studied in 52 patients with hemorrhoids, anal fissure, acute paraproctitis, and pararectal fistula in the clinical base of the 2nd general surgery department of Tashkent Medical Academy.

The patients were divided into 7 groups depending on the type of surgery.

The pain level in the examined patients was studied on a 10-point scale, and it was determined that it was 1.5-2 times stronger in patients who underwent hemorrhoidectomy. It was found out that the pain is less in the patients who have undergone the "transanal hemorrhoidal dearterialization" operation, which is carried out in the case of hemorrhoids. Similarly, in the extrasphincter type of pararectal fistula, the pains were stronger after the operation due to the depth of the wound. Almost all of the patients had relatively increased pain due to constipation on the 2nd-3rd day after surgery.

Theme actuality: Prevention and relief of post-operative pain remains an urgent problem today. One of the most frequently performed operations is proctological operations. 11-15% of coloproctological diseases are anal fissure, 34-41% are hemorrhoids, 5% are acute paraproctitis, and 5% are pararectal fistula (Shelygin Yu.A. 2015). 95-97% of proctological operations are performed due to these 4 diseases. The pain after proctological operations is the strongest because the injury is in the anal area and is associated with defecation. Postoperative pain depends on the type of disease, its degree, the type of operation, the type of anesthesia, the surgeon's skills, and the patient's individual sensitivity.

Aim of research: Evaluation of the level of pain after proctological operations.

Materials and methods: The level of pain in the postoperative period was studied in 52 patients with hemorrhoids, anal fissure, acute paraproctitis and pararectal



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fistula during the year 2022 in the basa of surgical department of the 2nd general surgery department of the Tashkent Medical Academy - Yakkasaroy district medical association. 32 of the patients are men and 20 are women, aged 21-62. The patients were divided into the following groups depending on the operations they performed:

Table 1

No	Type of operation	Type of disease	Amount of patients
1	Hemorrhoidectomy	Mixed hemorrhoids 3-4-degree	16
2	Transanal hemorrhoidal dearterialization	Mixed hemorrhoids 2-3-degree	8
3	Incision of the anal fissure and measured posterior sphincterotomy	Anal fissure	11
4	Opening a purulent cavity	Acute paraproctitis	4
5	Opening of the purulent cavity, liquidation of the internal hole	Acute paraproctitis	3
6	Ligation of transsphincteric fistula tract	Rectal transsphincter fistula tract	4
7	Ligation of extrasphincteric fistula tract	Rectal extrasphincter fistula tract	6

All operations were performed under spinal anesthesia. Patients were treated in the hospital for 4-6 days. The level of pain in patients was studied on the 1st, 2nd, 3rd, 4th days on a 10-point scale using the following questionnaire (Table 2).

Table 2

	Pain level										
	0	1	2	3	4	5	6	7	8	9	10
	No pain	Mild pain	Moderate pain	Severe pain	Very severe pain	Excruciating pain					
Day 1											
Day 2											
Day 3											
Day 4											



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The results of the research. The questionnaires collected from the patients were analyzed and the average pain level was calculated in the groups separated according to the type of operation (Table 3). The highest average pain level of 6.8 (± 2.2) points on a 10-point scale was observed in patients who underwent hemorrhoidectomy. Very severe pain was observed in 3 hemorrhoidectomy patients. The least pain was observed in patients who underwent " Transanal hemorrhoidal dearterialization" operation, on average -2.7 (± 1.3) points.

Table 3

№	Type of operation	Amount of patients	Pain level (1-10 points)			
			Day 1	Day 2	Day 3	Day 4
1	Hemorrhoidectomy	16	6,8	6,2	6,7	6,1
2	Transanal hemorrhoidal dearterialization	8	2,7	2,6	3,2	3,1
3	Incision of the anal fissure and measured posterior sphincterotomy	11	2,8	2,6	4,4	4,0
4	Opening a purulent cavity	4	2,9	2,8	2,8	2,7
5	Opening of the purulent cavity, liquidation of the internal hole	3	3,4	3,5	3,9	3,8
6	Ligation of transsphincteric fistula tract	4	3,2	3,0	3,6	3,6
7	Ligation of extrasphincteric fistula tract	6	4,1	4,5	4,7	4,6

When 4 postoperative days were compared, almost all of the 52 patients had relatively increased pain due to diarrhea on the 2nd to 3rd postoperative days. Temperature rise up to 37-38.5 C was observed in 3 patients who underwent surgery with the diagnosis of acute paraproctitis and 1 patient who underwent surgery with the diagnosis of extrasphincter fistula. This, in turn, is caused by a suppurative wound.

In order to relieve pain, analgesic drugs (ketonal, diclofenac, analgin, dexalgin) were given when the pain level was 2-5 points, and when it was 6-9 points, first analgesics and then narcotic analgesics (morphine, promedol) were administered. Patients received antibacterial, analgesic, detoxification treatments, and surgical wounds were treated with antiseptics daily. In the postoperative period, patients received inpatient treatment for 4-6 days.



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Conclusion. Most 95-97% of proctological operations are performed due to anal fissure, hemorrhoids, acute paraproctitis and pararectal fistula. The pain after proctological operations is the strongest because the injury is in the anal area and is associated with defecation. Postoperative pain depends on the type of disease, its degree, the type of operation, the type of anesthesia, the skill of the surgeon, and the individual sensitivity of the patient.

The level of pain in the examined patients was studied on a 10-point scale, and it was determined that it was 1.5-2 times stronger in patients who underwent hemorrhoidectomy. It was found out that the pain is less in the patients who have undergone the "transanal hemorrhoidal dearterialization" operation, which is carried out in hemorrhoids. This, in turn, is associated with less operational trauma. Similarly, in the extrasphincter type of prerectal fistula, the pains were stronger in comparison with the depth of the post-operative wound. Almost all of the patients had relatively increased pain due to constipation on the 2nd-3rd day after surgery.

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