

Trans-Anal Suture Rectopexy for Haemorrhoids

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Abstract

Transanal suture Rectopexy (Chivate's procedure) is a new invention by an Indian surgeon for managing all grades of haemorrhoids. It is based on the principles of plication of vessels in the rectum above dentate line at two different levels by blocking of blood supply and preventing the neo vascularisation and anchoring the rectal mucosa & sub mucosa to Parks Ligament.

Keywords: haemorrhoids, chivate's

1. Introduction

Many treatment methods for haemorrhoids have been described in last centuries but there is no standard or ideal treatment modality and to find out many studies have been carried out in last few years.[2-5]

In Relation to Superior Haemorrhoidal Artery there are 3 anal Cushions at 3, 7 and 11'0 Clock Position are present [6]. The main part of this cushion lies superior the dentate line and which is covered by sensitive mucosa [5]. Cross section shows presence of sub mucosal layer consisting vessels, muscle fibres and connective tissue between internal sphincter and Anal Cushions [6]. The piles mass is supported by fibroelastic collagen tissue and the muscular structure of Treitz (muscularis canalis ani) [6]. The venous plexus present in the form of sinusoids is known as 'corpus cavernosum of recti' [1][3]. Haemorrhoids are known to occur due to increased pressure in these venous plexus due to various causes. In the new procedure as described by Chivate [1], mass, prolapse and recurrence have been taken care of and it is a minimally invasive, painless, bloodless procedure without damaging sphincter. It is a modification of Stapler (MIPH) [7-9,12] and DGHAL[10,13,14] but the procedure works on same the principle[1].

2. Materials and Method

This is Retrospective study of patients operated after evaluation in surgical OPD from Dec.12 to August13. Total of 37 patients were included.

2.1 Inclusion criteria

Patients coming to surgical OPD with H/O per rectal bleeding and confirmed after routine investigations having

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grade II/III/ IV hemorrhoids with or without fissure/fistula of all age groups and both sexes were included in the study.

2.2 Exclusion criteria

Patients with thrombosed pile, perianal hematoma, and ulcerated piles were excluded after confirmation of haemorrhoids and fitness for the procedure as like other surgeries; patients were operated by this minimally invasive procedure. Under spinal anaesthesia, head low position was given, Vessels emptied by message and anoscope was passed. Two layers of the sutures at 2cm from dentate line and 4 cm from dentate line and circumferential overlapping & double locking plicating sutures with 2-0 vicryl (5/8 circle needle) are taken. Excision of skin tag, polypoid pile mass, fissurectomy or fistulectomy can be carried out, at the end of procedure. Post op antibiotics, laxatives; analgesics were given for 5-7 days

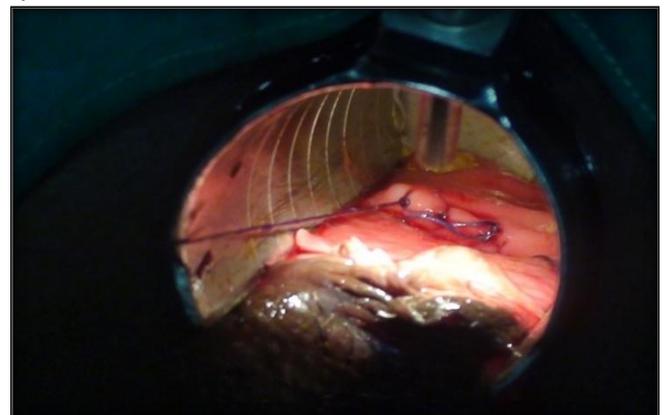


Figure 1:1st Layer 4cm from Dentate Line Double Locking Stitch

3. Discussion

We studied and implemented the Chivate's [1] procedure at our institute amongst 37 patients and compared with the original results as described in literature.

3.1 Age Incidence

The average age in Chivate's[1] study was 47.5 years and in our study it was 46 years which is comparable.

3.2 Sex Incidence

Table 1: Sex Incidence

Sex Incidence	Our study	Chivate's study[1]
Male	12	102
Female	25	64

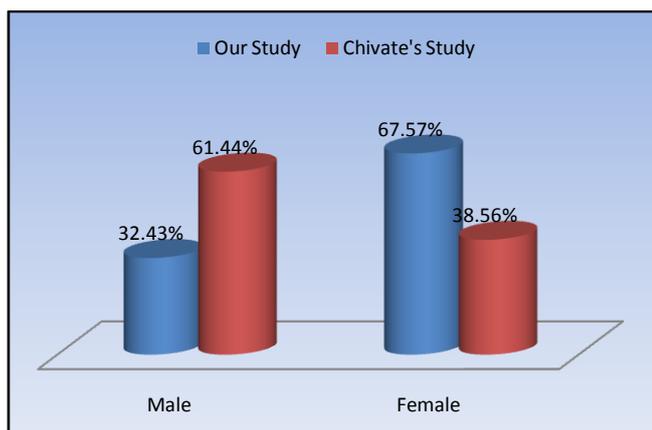


Figure 1: Sex Incidence

Table 2: Grades of Haemorrhoids

Grades	Our study	Chivate's study[1]
I	0	0
II	10	54
III	9	88
IV	18	24

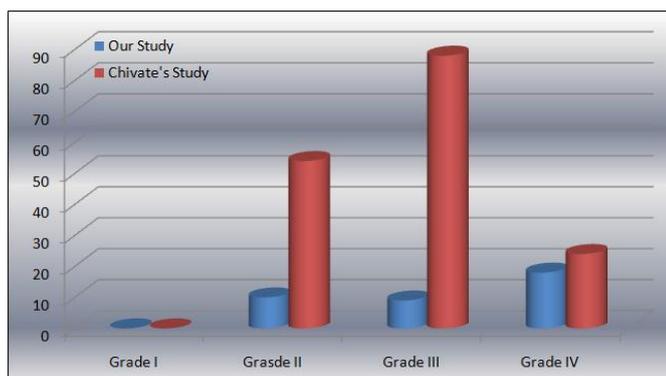


Figure 2: Grades of Haemorrhoids

Table 3: Comparison with Other procedure

	Our Study	Chivate's study[1]	MIPH [7-9,12]	Conventional Haemorrhoidectomy [11,14]
Cost to patient	15000	17000	30000	10000
Recurrence at 9 months	0	0	1	0
Compliance of patient for surgery	Very good	Very good	Very good	Better
Reduction in external pile mass at 4 weeks	98%	99%	80%	86%

Thus chivate's[1] Procedure is cost-effective and also compliance of surgery is good.

4. Conclusion

Transanal Suture Rectopexy (Chivate's procedure) is a better alternative procedure to all grades of hemorrhoids. This procedure is comparatively cheaper. Patients compliance in respect of post operative pain and P/R bleeding as compared to other procedure is good. Reduction in external pile mass is not significant in early period but we can additionally remove sentinel tags or external pile mass for patient satisfaction. Follow up for recurrence in short period is excellent but further study is needed for long term follow up.

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