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# Hemorrhoids. Incidence.

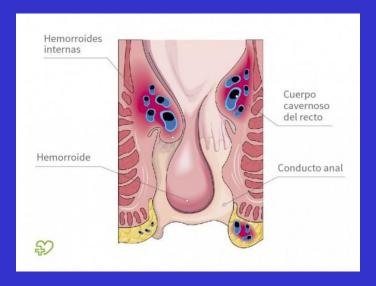




- More than 50% of persons older tan 30 years-old have syntomatic hemorrohoids.
- Risk factors: Constipation; sedentary lifestyle; familial factors.









Hemorroides

Cuerpo cavernoso del recto

Conducto anal

# Major impact on quality of life

### Four Stages

#### Stage I:

Relatively small, and stay inside the anus. Rarely show symptoms and can disappear without any treatment.

#### • Stage II:

Bigger than previous, and appear clearly during the defecatory act, but afterwards return inside spontaneously.

#### • Stage III:

Appear after defecatory act or spontaneously outside the anus, but they do not return inside without some manual help.

#### Stage IV:

Hemorrhoids always stay outside the anus, and they cannot be return inside with manual help. It should also be associated a prolapse of the anal mucosae, as well.

### **Symptoms**

#### • Stage I:

Mostly without symptoms. Rarely small bleeding, or itching.

#### • Stage II:

Bleeding, itching, ocasional foreign body sensation, anal oozing, burning.

### • Stage III/ IV:

The same as before, but more constantly and higher sensation.

Pain; ocassional incontinence.

# **Treatment**

### • Stage I and II:

Only when symptoms, and with non-surgical treatments (elastic bands; sclerosis).

## • Stage III/ IV:

Surgery when very symptomatic, or when other treatmet fail.

Elastic bands.





## Hemorrhoidectomy.



# One of the biggest concerns is postoperative pain.

All the approaches in order to reduce postoperative pain have focused on the surgical techniques

NONE HAVE FOCUSED ON THE POSTOPERATIVE APPROACH, APART FROM DIFFERENT TYPES AND ADMINISTRATION OF ANALGESICS.

- HILOTERAPIA® is a termic treatment that promotes healing of tissue damage.
- It is the consistent application through direct contact of a flexible plastic element that recirculates cold distilled water, applying the effects of induced hypothermia in that area.
- It is used for surgical treatments, injuries and chronic diseases that cause bleeding, swelling and inflammation.
- In addition to promoting healing, HILOTERAPIA® relieves pain and thus reduces the need of analgesics.





• Our GOAL was to apply this new therapy in the immediate postoperative period of hemorrhoidectomy, in order to evaluate mainly its analgesic value.

### **MATERIAL AND METHODS:**

- First preliminary series of five cases of Hemorrhoids grade IV.
- After Milligan-Morgan hemorrhoidectomy under spinal anesthesia type, the applicator on the operated area is located, and the system starts by recirculating distilled water at a constant temperature of 14 degrees.
- We evaluated the need of analgesics: NSAID was scheduled, and the rest of analgesia (paracetamol and derivative opioid) on demand, and the interval of time to discharge, and potential complications.

### **RESULTS**:

The five patients underwent surgery in the afternoon, being discharged before 12 hours, in the morning of the following day.

- None of them claimed opioid derivatives;
- two needed a single dose of paracetamol apart from the basal treatment of NSAID;
- while two of them distanced by themselves, from the initial range of NSAIDs scheduled, until 12 hours without requiring any of the other analgesic.

### **CONCLUSION**:

• In the absence of a larger sample and a control group with which compare the use of HILOTERAPIA® in the immediate postoperative hemorrhoidectomy, it seems to be an effective method in reducing the analgesic need in this type of treatment.

# NEXT GOALS

- Design and make a larger study in order to confirm our preliminary results, adding a control group to compare with.
- Design an adequate applicator, which fits properly to the anatomy of the area, and the surgical needs of the area.
- Show the results in coloproctology congresses, as well as write it down in a scientific journal.