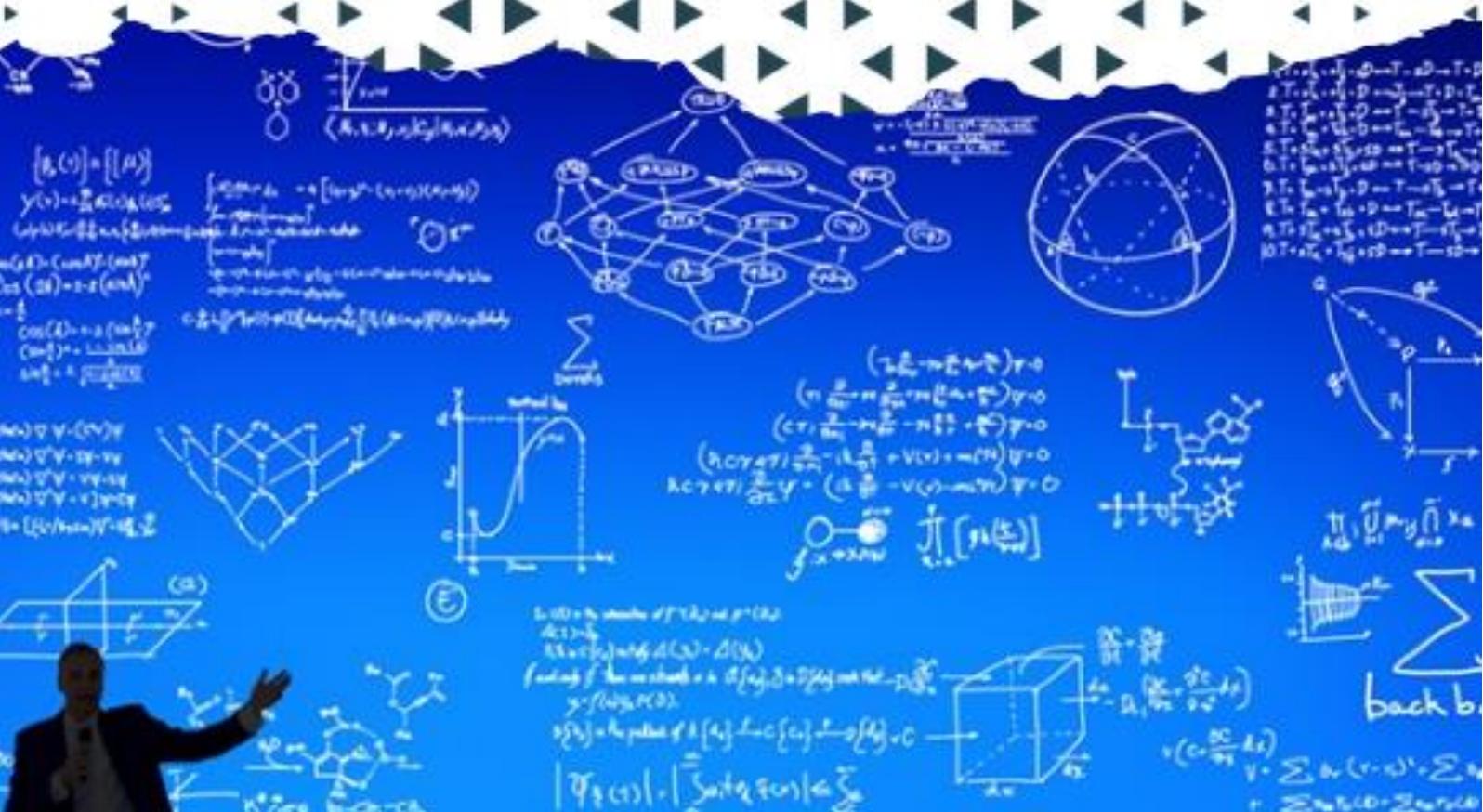




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## ASSESSMENT OF MORPHOLOGICAL CHANGES AFTER HEMORRHOIDECTOMY

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**Relevance of the topic:** Stapled hemorrhoidectomy (stapled hemorrhoidopexy) is less invasive than open hemorrhoidectomy, leading to reduced postoperative pain, shorter hospital stays, and quicker recovery (Sharma & Farooque, 2024; Agrawal, 2024; Sanap et al., 2024). It preserves anal canal structure by repositioning rather than excising hemorrhoidal tissue, resulting in less bleeding and fewer complications like anal stenosis and incontinence (Sharma & Farooque, 2024; Jha et al., 2024). The procedure also has a shorter operative time and requires less postoperative analgesia (Agrawal, 2024; Saleh et al., 2024). However, it demands technical precision to avoid recurrence, necessitating long-term follow-up (Sanap et al., 2024; Jha et al., 2024). Overall, stapled hemorrhoidectomy is becoming a preferred treatment for grade III and IV hemorrhoids due to its balance of effectiveness and reduced trauma (Saleh et al., 2024; Jha et al., 2024).

**This study aims to** evaluate morphological changes in the anal canal following hemorrhoidectomy. It compares different surgical techniques to assess their impact on anal structure and function.

**Materials and Methods:** This study was conducted at Ibrohim Xakim Tabobat Private Hospital, analyzing 56 patients who underwent hemorrhoidectomy over the past three years. Patients were divided into two groups: Group 1 (n=28) underwent stapled hemorrhoidectomy (SH), while Group 2 (n=28) underwent open hemorrhoidectomy (OH). Postoperative assessment included clinical evaluation, histopathological examination, and imaging studies. Key parameters such as postoperative pain, healing time, complication rates (bleeding, stenosis, incontinence), and anal canal morphology were analyzed. Histopathological samples were examined for tissue healing, fibrosis, and inflammatory response. Statistical analysis was performed using Excel software, with significance set at  $p < 0.05$ .

**Results and Discussion:** Patients in the SH group experienced significantly less postoperative pain (VAS score:  $2.3 \pm 0.7$ ) compared to the OH group ( $5.1 \pm 1.2$ ,  $p < 0.01$ ). The average hospital stay was shorter in the SH group ( $1.8 \pm 0.5$  days) compared to the OH group ( $4.2 \pm 1.1$  days). Healing time was also faster in the SH group (complete epithelialization in 3.5 weeks) versus the OH group (5.7 weeks,  $p < 0.05$ ).

Histopathological analysis revealed less fibrosis and inflammation in the SH group, while the OH group showed higher levels of tissue disruption and fibrotic changes. Complication rates differed: postoperative bleeding (SH:

3.5%, OH: 10.7%), anal stenosis (SH: 1.7%, OH: 8.9%), and incontinence (SH: 0%, OH: 5.3%).

These findings confirm that stapled hemorrhoidectomy leads to better postoperative recovery, reduced complications, and preserved anal morphology compared to open hemorrhoidectomy. However, SH demands greater surgical precision to prevent recurrence and technical failures.

**Conclusion:** Stapled hemorrhoidectomy offers faster recovery, less pain, and lower complication rates than open hemorrhoidectomy. The histopathological analysis supports its advantages in preserving anal morphology and reducing inflammatory response. Future research should focus on refining stapled techniques and exploring long-term safety profiles to enhance patient outcomes.

### References:

1. Abdumuminov B.R., Eminov R.I., & Gulomov K.K. (2023). UNDERSTANDING FETAL CIRCULATION AND THE TRANSITION TO POSTNATAL CIRCULATION: SHUNTS, PLACENTA, AND CONGENITAL HEART DEFECTS. *Экономика и социум*, (6-1 (109)), 14-21.
2. Gulomov, K. K., Juraev, S. B., Khamdamov, R. A., Kholikov, B. M., & Meliboev, R. A. (2025, February). IMPROVING THE TREATMENT OF COMPLICATIONS IN ENDOUROLOGICAL OPERATIONS FOR UROLITHIASIS. In *INTERNATIONAL CONFERENCE ON SCIENCE, ENGINEERING AND TECHNOLOGY* (Vol. 2, No. 1, pp. 31-33).
3. Gulomov, K. K., Kholikov, B. M., Sh, P. S., & Yokubov, D. Y. (2025). NEUROLOGICAL ASSESSMENT OF POSTOPERATIVE PATIENTS UNDERGOING CORONARY ARTERY BYPASS GRAFTING (CABG). *ZAMONAVIY ILM-FAN VA INNOVATSIYALAR NAZARIYASI*, 2(2), 6-10.
4. Juraev, S. B., Khamdamov, R. A., Meliboev, R. A., & Yokubov, D. Y. (2025). NEW TREATMENT APPROACHES FOR PEDIATRIC UPPER GASTROINTESTINAL OBSTRUCTION IN FERGANA VALLEY. *ZAMONAVIY ILM-FAN VA INNOVATSIYALAR NAZARIYASI*, 2(2), 4-6.
5. Juraev, S. B., Kholikov, B. M., & Sh, P. S. (2025, February). PREVENTIVE MEASURES FOR COMPLICATIONS AFTER GASTROINTESTINAL SURGERY. In *INTERNATIONAL CONFERENCE ON MULTIDISCIPLINARY STUDIES AND EDUCATION* (Vol. 2, No. 1, pp. 11-12).
6. Kh, F. N., & Juraev, S. B. (2025, January). PREVENTION OF TROPHIC ULCERS IN PATIENTS WITH ATHEROSCLEROSIS OF THE FOOT ARTERIES. In *INTERNATIONAL CONFERENCE ON MULTIDISCIPLINARY STUDIES AND EDUCATION* (Vol. 2, No. 1, pp. 4-6).
7. Kh, F. N., & Juraev, S. B. (2025, January). PREVENTION OF TROPHIC ULCERS IN PATIENTS WITH ATHEROSCLEROSIS OF THE FOOT



- ARTERIES. In *INTERNATIONAL CONFERENCE ON MULTIDISCIPLINARY STUDIES AND EDUCATION* (Vol. 2, No. 1, pp. 4-6).
8. Khamraev, A. Z., Eminov, R. I., & Rakhmonov, D. B. (2023). Osobennosti lecheniya detey s gemorroem. *Russian Journal of Pediatric Surgery, Anesthesia and Intensive Care*, 13, 196.
  9. Kholikov, B. M. (2025, February). POSTOPERATIVE DELIRIUM IN CABG PATIENTS: IDENTIFYING RISKS AND OPTIMIZING PERIOPERATIVE MANAGEMENT. In *INTERNATIONAL CONFERENCE ON SCIENCE, ENGINEERING AND TECHNOLOGY* (Vol. 2, No. 1, pp. 14-16).
  10. Ugli, A. A. K. (2024). AI-DRIVEN METAGENOMIC ANALYSIS TO UNCOVER MICROBIAL INFLUENCES ON CANCER DEVELOPMENT. *ORIENTAL JOURNAL OF MEDICINE AND NATURAL SCIENCES*, 1(6), 43-54.
  11. Ёкубов D. On differential diagnostics of spinal cord pathology of organic and functional genesis / Д. Ёкубов, А. Мазалова. – Актуальные вопросы фундаментальной медицины: сегодня и в будущем. – 2024. – № 1. – С. 36.
  12. Кузибоев, Ш. (2025). АНАЛИЗ ОСЛОЖНЕНИЙ ПОСЛЕ ГЕМОРОИДЭКТОМИИ: КЛИНИЧЕСКИЙ СЛУЧАЙ. *Экономика и социум*, (1-2 (128)), 697-701.
  13. Хамраев, А., & Эминов, Р. (2023). Особенности клинического течения геморроя у детей. *Актуальные вопросы детской хирургии*, 1(1), 53-54.

