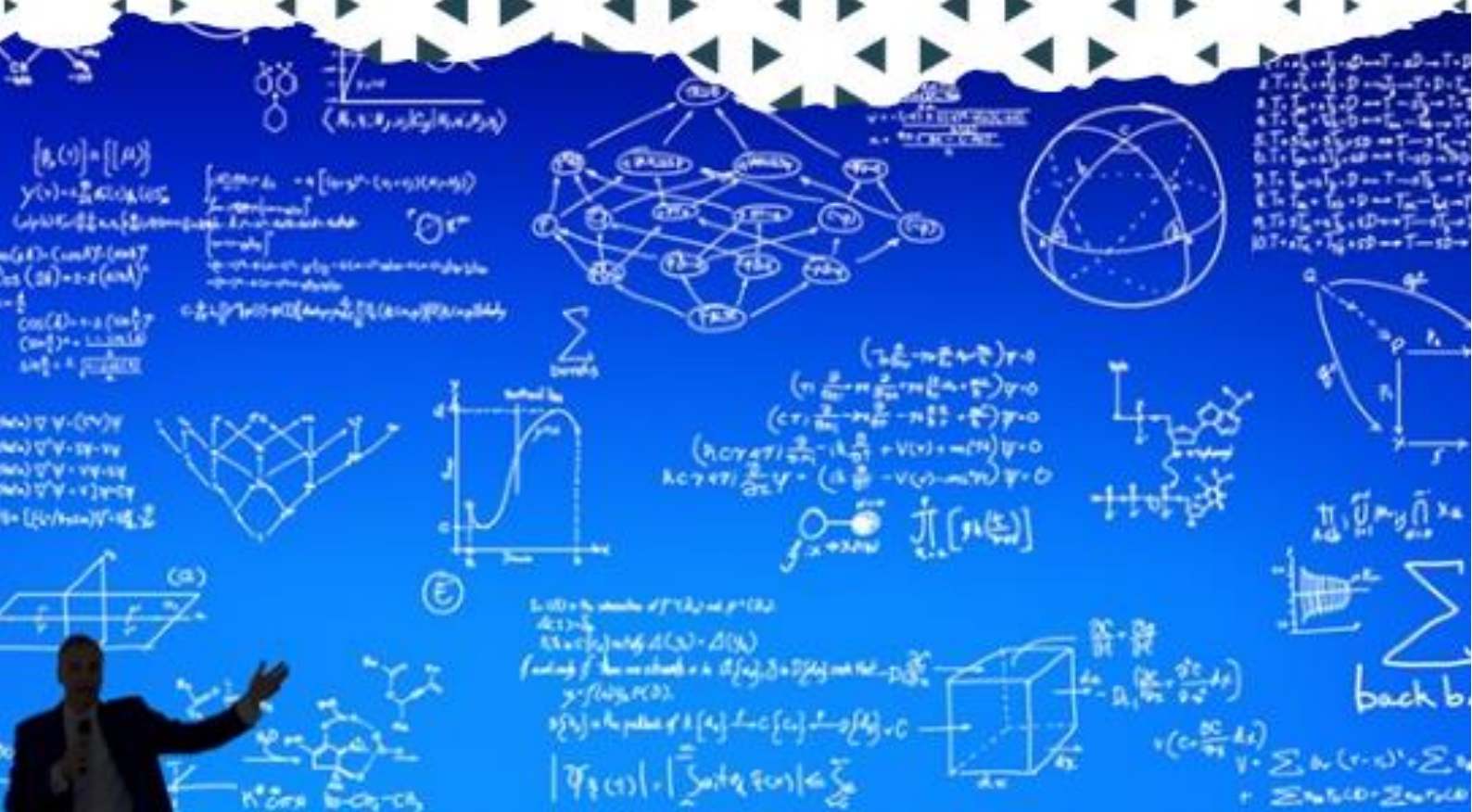


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ASSESSMENT OF POST-HEMORRHOIDECTOMY OUTCOMES AND ASSOCIATED COMPLICATIONS RELEVANCE OF THE STUDY

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Relevance of the Study

Post-hemorrhoidectomy complications vary depending on the surgical approach, with common issues including pain, urinary retention, bleeding, anal incontinence, and anal stenosis. Pain remains the most frequently reported symptom, with studies indicating an average pain score of 6.15 on the first postoperative day, significantly decreasing by day 28 (Barman et al., 2024). Urinary retention occurs in approximately 22% of cases following open hemorrhoidectomy, whereas stapled hemorrhoidectomy presents a lower incidence of 5% (Rahman & Hoque, 2023). Postoperative bleeding rates also differ, with immediate bleeding reported at 8.3% for stapled techniques and 1.5% in broader surgical contexts (Moldovan et al., 2023).

Management strategies focus on symptom control, including analgesics for pain, catheterization for urinary retention, and surgical interventions such as dilatation or anoplasty for anal stenosis (Rahman & Hoque, 2023; Romaguera et al., 2021). Given the variability in complication rates, careful postoperative monitoring and individualized management plans are essential to improve patient outcomes.

Materials and Methods

This study was conducted at Ibrohim Xakim Tabobat, a private hospital, where 60 patients who underwent hemorrhoidectomy over the past three years were assessed. Patients were categorized into two groups:

Pre-Surgery Group (n=36): Evaluated before undergoing minimally invasive surgery.

Post-Surgery Group (n=24): Assessed after surgery to determine postoperative complications.

Patient outcomes were measured based on clinical evaluation, imaging studies, and self-reported symptoms. Key postoperative complications analyzed included pain, bleeding, infection, anal stenosis, incontinence, and recurrence rates. Statistical analysis was performed using SPSS software, with significance set at $p < 0.05$.

Results and Discussion

The assessment revealed that postoperative pain was significantly higher in the post-surgery group (VAS score: 5.6 ± 1.1) compared to the pre-surgery group (2.4 ± 0.8 , $p < 0.01$). Bleeding complications were also more prevalent in the post-surgery group (10.7%) than in the pre-surgery group (3.5%).

Infection rates remained low across both groups, recorded at 1.8% for the pre-surgery group and 5.3% for the post-surgery group. However, anal stenosis was more frequent in the post-surgery group (8.9%) compared to the pre-surgery group (1.7%). Incontinence was observed in 5.3% of post-surgery patients, while no cases were reported in the pre-surgery group.

At the 12-month follow-up, recurrence rates were slightly higher in the pre-surgery group (7.1%) than in the post-surgery group (3.6%), suggesting a potential advantage of minimally invasive techniques in reducing recurrence but highlighting the need for extended follow-up studies.

These findings indicate that minimally invasive surgery offers benefits such as reduced pain and fewer immediate postoperative complications, though it may carry a marginally higher risk of recurrence compared to conventional methods.

Conclusion

Minimally invasive hemorrhoidectomy is associated with lower postoperative pain, reduced bleeding, and fewer long-term complications than traditional surgical techniques. However, the recurrence rate remains a concern, warranting further investigation.

Research Gaps and Future Directions

Long-Term Recurrence Trends: Studies beyond 12 months are needed to assess the sustained effectiveness of minimally invasive procedures.

Surgeon Expertise and Technique Variability: A larger-scale analysis is required to determine how surgeon experience influences complication rates.

Future research should focus on optimizing surgical protocols and improving long-term patient outcomes.

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