Ambulatory surgery in proctology

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INTRODUCTION

The treatment of malignant or benign colorectal pathologies that require more complex management is a priority in general hospitals. Therefore, benign, uncomplicated cases (coloproctologic and others) are good choices for one day surgery (ODS).

The number of patients with haemorrhoids, perianal fistulas, fissures, abscesses, pilonidal cysts, rectal polyps and other conditions who seek treatment at general hospitals is very high, resulting in the overcrowding of outpatient clinics and a long waiting lists for recommended surgical treatment. Minimally invasive techniques, using endoscopes, ligatures, low temperatures, propctocoagulation, laser, sclerosation and the so called PPH method (procedure for prolaps and haemorrhoids) enable us to eliminate the discomfort and inconvenience associated with hospitalisation. Modern equipment and a general transition from standard anaesthesia to sedation make possible the execution of most proctologic procedures in the scope of (ODS). However, possible inadequate analgesia, potential complications such as bleeding, urinary retention, postoperative pain, etc., as well as medical supervision of patients at home represent limitations in this respect.

PURPOSE

In this paper we report the results of our experiences in one day surgery for haemorrhoids, perianal haematomas, perianal fistulas, anal abscesses, pilonidal cysts, rectal polyps, groin hernias, skin tags, minor surgery and other proctology problems, achieved in ten years on 9.636 patients with improvement of patient comfort and a decrease in complications.

MATERIAL AND METHODS

In our Medical Centre, during ten years, 9.636 out of 73.235 outpatient cases were chosen for surgery. Our protocol includes admission in the morning of the operation.
and preoperative evaluation by means of EKG and coagulation profile. We avoided treating only risk patients with severe concomitant diseases.

The patients, prepared with self-administered suppository, were taken to the operative room where a venous line is placed. 82.8% patients were operated under locoregional anaesthesia performed by the surgeon by means of deep pararectal infiltration with xylocain (Golligher, Marti). The remaining underwent spinal or general anaesthesia.

With this approach we performed treatment of perianal haematomas, minor anal surgery (excision of skin tags, excision of papillae), classic haemorrhoidectomy (Milligan-Morgan procedure) or the new Longo - PPH procedure, fistulotomy or excision of fistulae, minor surgery (operation of fibromas, atheromas, verrucas, ganglions, lipomas etc.), excision of rectal polyps, excision of pilonidal cysts, tension-free operation of groin hernias, surgical drainage of anorectal abscesses, and correction of stomas.

The patients were discharged the same day, 2 to 8 hours after the operations. Patients were able to contact us by telephone day and night. Patients operated upon haemorrhoids, on Longo - PPH procedure (270 patients) or tension-free operation of groin hernias (627 patients) have been evaluated using a self-administered questionnaire about early (one day to month) and late complications (three months) following the operation. We also asked patients what they think about one-day surgery.

RESULTS

Perianal haematoma was the most frequent condition encountered (2664 treatments), followed by skin tags (537 excisions), haemorrhoids (1116 operations on classical - Milligan-Morgan procedure, 270 operations new Longo - PPH procedure and 12 operations with HAL technique) and perianal fistulas (1007 fistulotomies or excisions of fistulas). We made minor surgery (operations of fibromas, atheromas, verrucas, ganglions, lipomas etc.), excisions of rectal polyps on 265 patients, excisions of pilonidal cysts on 421 patients, excisions of papillae on 545 patients, surgical drainage of anorectal abscesses on 211 patients. The remaining patients underwent: tension-free operations of groin hernias (627 patients), corrections of epigastric and umbilical hernias (26 patients) and corrections of stomas (11 patients).

92.4% patients were satisfied and successfully discharged after day surgery. The early complications after the Longo-PPH procedure for surgical treatment of haemorrhoidal disease (one day to month after operation) were: bleeding (in 2 / 100 patients, 2%), problems with perianal hematomas (in 2 / 100 patients, 2%), headache (in 4 / 100 patients, 4%), tenesmus (in 6 / 100 patients, 6%), fever (in 7 / 100 patients, 7%), urinary retention (in 8 / 100 patients, 8%), postoperative pain (in 21 / 100 patients, 21%) (graph 4). All patients resumed their normal activities soon, the majority after 7 days.

Early complications after tension-free operations of groin hernias were haemathomas (3.9%), seromas (3.4%), early superficial infections of wound (1.9%) one patient developed atrophy of testicle. The remaining (87.3%) were without complications. There were no recurrences noted. All patients resumed their normal activities soon, the majority after 7 days.

DISCUSSION

New surgical procedures and anaesthetic regimens allow ambulatory care in children and adults. But the choice of ambulatory care is based on the patient's characteristics more than on surgical procedure and follows well-known selection criteria. (Medical criteria: contraindication for uncontrollable diabetic patients and those with untreated coagulopathy, age 6 months, score ASA F III. Psycho-social criteria: permanent resistance, telephone and accompanying person at home, be in good psychological mood, comprehensible.) The procedures concerned in general surgery are groin hernia repair, proctologic surgery, subcutaneous tissue surgery, and others.

Many proctologic surgeons described their practice of ambulatory surgery. For example, Cardinello et al. reported about 2000 proctologic surgical interventions in day surgery. Patients underwent surgical operations: 1011 for haemorrhoids, 708 for anal fissure, 172 for anal fistula, 80 for pilonidal cyst, and 45 for anal stenosis. The immediate postoperative complications were: three patients (0.2%) developed acute haemorrhage after haemorroidectomy, four patients (0.6%) with perianal abscess after internal sphincterotomy underwent incision 10 days after operation, two patients had perianal haemathoma. Patient satisfaction 6 months after operation was high in 79%; good in 27%; low in 1%. Other authors that also have satisfactory results seem to suggest continuing the practice of one day surgery in proctology.

Ten years ago we introduced one day surgery in our practice and have had very good results in treating practically all patients who needed proctologic surgery. Our results show a wide spectre of different proctologic operations and hernia repair in 9,636 patients. A large majority of patients (92.4%) were satisfied and considered one day surgery as good choice. We were attentive to the immediate and early complications especially following the new PPH – Longo procedure for the surgical treatment of haemorrhoidal disease and following tension-free operations of groin hernias.

Papillon and others described their experiences of the PPH – Longo procedure in 94 patients. The postoperative morbidity rate was 6.3% (n = 6). Rectal bleeding occurred within 12 hours after surgery in 5 patients and only one had postoperative pain. After 6 months, 89 patients (94.7%) were very satisfied, 3 patients (3.2%) were satisfied (rectal sub-mucosal abscess in one case, functional troubles in two cases) and 2 patients (2.1%) were not satisfied (persistence of mucosal prolapse).

Our results showed that after PPH-Longo procedure patients had the following early complications (5%): bleeding, problems with perianal hemathomas, headache, post-defecatory pain, tenesmus, fever, urinary retention, postoperative pain), but most of them were normally physically active after a mean time of 7 days. Late complica-
tions after the Longo-PPH procedure were less explicit and did not significantly affect the patients.

We had only 7% early complications after tension-free operations of groin hernias (haemorrhobra, seroma, early superficial infection of wound and atrophy of testicle). The remaining 87.3% patients were without complications. Similar results are described by authors in literature.

In the future, we expect more from different new proctologic surgery techniques and other procedures which enhance patient comfort (require considerably less analgesics, less anxiety – we have already introduced music as a part of the ambulatory surgery - hospital stays will be shorter, return to work quicker, there will be fewer morphological residues) and a considerable cost reduction.

CONCLUSIONS

We have found ambulatory surgery (i.e. day surgery hospital) to be the appropriate choice for treating patients with proctologic pathology. However, it used to be the practice to treat all these patients in hospital where they occupied many bed facilities that could be intended for other patients. To conclude, our present results have confirmed the correct decision for ambulatory surgery in the field of proctology.

REFERENCES


