

# Comparison of Clinical Application of Anorectal Treating Device and Traditional Dissection and Ligation In the Treatment of Mixed Hemorrhoids

Xie Litang, Hospital of Shaodong County, Hunan Province, 422800

**Abstract:** Objective: This study mainly analysis the efect of mixed hemorrhoids treated by traditional dissection and ligation or anorectal treating device Methods: 90 cases from November 2012 to November 2013. According to the time of admission, the patients were randomly divided into 2 groups, each with 45 cases, the control group received conventional external dissection and internal ligation in treatment and observed group were given of treatment of anorectal treating device.

Compare the rate of complication disease, efficacy ,wound healing time, operation time. Results: the total effective rate of the treatment in the two groups had some difference, but it was not statistically significant,  $P > 0.05$ ;

Two groups of patients with complications, wound healing time, operation time is significantly different, have statistical significance,  $P < 0.05$ . Conclusion: in the clinical treatment of patients with mixed hemorrhoid, anorectal treating device has advantages in complications occurrence rate, wound healing time and operation time it is worthy of popularization in clinical use.

**Keywords:** mixed hemorrhoids; dissection and ligation; anorectal treating device

Women and elderly people have a high rate of incidence of mixed hemorrhoids, The clinical treatment of such patients, the traditional treatment method is mainly traditional dissection and ligation. In recent years, with the continuous development of medical services, the application of anorectal treating device in clinical practice has become more and more widely, and achieved certain effect. This study will analyze the clinical data of 90 patients, the details are as follows.

## 1 General information and methods

### 1.1 General information

90 cases of functional dyspepsia were treated in our hospital from November 2012 to November 2013. All patients were diagnosed as mixed hemorrhoids, and in line with surgical treatment requirements. According to the patients' admission time, the patients were randomly divided into 2 groups, 45 cases in each group, and the observation group has 21 women, 24 men, the age of the patients was 23 to 76 years old, the average ( $44.7 \pm 3.8$ ) years old; the control group there were 19 female and 26 male, from 22 to 77 years old, with an average of  $46.2 (3.7)$  years. There are some differences between the two groups of patients, but it does not have statistical significance,  $P > 0.05$ .

## 1.2 Method

The observation group: this group were treated by anorectal treating device. Patients in lithotomy position or lateral position, 1-3 minutes treatment of anus expansion if local anethesis satisfied. Pick up the morbid parts in a clear visual field then separate sphincter of subcutaneous and hemorrhoid venous plexus from the external edge with an HF pencil. At the same time, pick up the tissues that separated with HF pincer then remove the morbid parts. If the internal hemorrhoid part is large and can not be removed by one time, the above method can be repeated. Bandage the wound and Hemorrhoids Suppository were placed in anus. Laxative pills or oral antibiotics were given based on conditions.

Control Group: this group were treated by traditional dissection and ligation treatment. Patients in lithotomy position or lateral position, 1-3 minutes treatment of anus expansion if local anethesis satisfied. Cut V size at the bottom of external hemorrhoids to 0.5cm under the tooth line then separate the morbid parts. Separate the internal hemorrhoids part then transfix 8 size with No.7 line at the bottom of hemorrhoids. The above method can be repeated if the internal parts were big and can not be removed at one time. Transfix the wound and anti-infection medicine were given according to the circumstances of patients.

## 1.3 Statistical analysis

Incorporate all the data that need to be analyzed in the SPSS18.0 software for statistical analysis, count data % said, using the chi square test results, said measurement data with the average, with t test. If the difference is below 0.05 was statistically significant, or not statistically significant, compared with the results of P 0.05.

## 2 Results

### 2.1 efficacy and complications

There are some differences in the treatment of the two groups of patients, but it does not have statistical significance,  $P > 0.05$ ;

The complication rate of the 0.05 groups were significantly different, has statistical significance,  $P < 0.05$ .

Table 1 Comparison of the efficacy of the two groups of patients with the incidence of complications (n,%)

The number of groups effective and ineffective total effective rate of complications

Group	Amount	Excellence	Effectiveness	Invalid	Total efficiency	Complication
Observation group	45	34 (75.55)	8 (17.78)	3 (6.67)	42 (93.33)	2 (4.44)
Control group	45	33 (73.33)	7 (15.56)	5 (11.11)	40 (88.89)	12 (26.67)
X <sup>2</sup>		2.971	3.261	2.014	2.014	4.728
p		>0.05	>0.05	>0.05	>0.05	<0.05

## 2.2, Operation time, Wound healing time

Observation group of patients with operation time is (11.2 + 3.9) minutes, the wound healing time is (13.2 + 2.1) days; the control group of patients with operation time is (20.5 + 3.5) minutes, the wound healing time is (23.1 + 2.3) days. Two groups of patients have wound healing time and operation time difference, have statistical significance,  $P < 0.05$ .

## 3 Discussion

A large amount of clinical data show that the application of anorectal treating device in the treatment of mixed hemorrhoids can reduce the pain after surgery, low the rate of complications, and also reduce the volume of bleeding. Also some studies say that anorectal treating device can reserve the maximum of anus tooth line, so the anus is complete. Traditional dissection and ligation method can also reserve the anus, but in process the more or less removing of external hemorrhoids peeling, resulting in anal stenosis. So the traditional dissection and ligation is hard to reserve anus complete in surgery. Besides, in the process of surgery, postoperative bleeding is easily occurred if an very small mistake had been taken. Patients will suffer more pain. More time is needed to heal the wound.

This study shows that the operation time, the healing time, and the rate of complications are lower than traditional dissection and ligation group. So the anorectal treating device is worth of popularizing in the treatment of mixed hemorrhoids.

## Reference

[1] Ceng Youbin. Analysis of clinical value of anorectal treating device with traditional dissection and ligation in the treatment of mixed hemorrhoids [J]. China, nutrition and health, 2013, 23 (7): 3445-3446.

- [2] Liu Songjun. The curative effect of 135 cases of mixed hemorrhoids treated by LG2000 anorectal treatment instrument  
[J]. Journal of Guiyang College of Traditional Chinese Medicine, 2013,35 (6): 112-113.
- [3] Xie Yongjun, Peng Bing. LG2000 anorectal treatment instrument vis traditional dissection and ligation injection operation with the efficacy of the treatment of mixed hemorrhoids  
Comparative analysis of the clinical, 2011,11 (6): 65-66. (): [J].
- [4] Liu Jianfeng, Song Xinghua, Xiong Jingwen and other anorectal treating device in the treatment of mixed hemorrhoids  
To observe the modern distance education of traditional Chinese medicine (TCM), 2011,09 (3): 40-40.
- [5] Liu Xiaofang, Wang Jing, Zhan Jiaoyang and other. TRM- type III anorectal treating device in severe postoperative mixed hemorrhoids  
The efficacy of the treatment was evaluated by [J]. Chinese Journal of clinical medicine (E), 2011,05 (15): 4573-4575.
- [6] Qu Peng. Improved traditional dissection and ligation and traditional dissection and ligation in the treatment of mixed hemorrhoids clinical curative effect than  
[J]. Chinese medicine guide, 2011,09 (28): 110-111.

#### L data and methods

L.L general information of the selected cases were derived from 2009 ~2011 -02  
A of 300 cases of patients with in the treatment of patients with IO, including  
L65 a female L35 cases;

The average age of ~48 L A was 16.8 ~ 29.5 years of age, and the age of a  
was 3.

L0 Da 10.95 dO and an average of 5.50 size about 0.5 cm>0.5 cm~

5 CMA cm>1.5 average about 2 cmO cm>4 will be 300 patients with Yi  
Zhaozhen

L50 cases of patients with O were randomly divided into two groups: treatment  
group and control group.

The general data of the two groups of observations are comparable (P>0.05).

Anus week abscess namely anus rectum abscess is around anus periphery  
soft tissue

Abscess of the O infection is caused by bacterial infection and common  
pathogenic bacteria.

O 3], Staphylococcus aureus, Escherichia coli, Streptococcus, and anaerobic bacteria

The cause of infection is common in diseases such as anal fissure, anal sinusitis and other traditional treatment O

Abscess of anus week abscess is used to cut and drainage of abscess only, curative effect is not high, so most

Patients need to be treated again with

#### Reference

1 Gao Ling, Wang Chuansi, Li Xianyuan, et al., et al.

The role of JJ. in Chinese and Western medicine combined with surgery, 2009, 154): 460 -461.

2. Jing Donghong, sang a Stomatological Research Center of seton operation in the treatment of perianal abscess in 120 cases

Clinical observation of JJ. China Journal of anorectal diseases, 2008,28 12): 33

3 Jinhu. Modern anorectal disease MJ. Beijing: People's Medical Publishing house,

2009.282.

4 Kang Kai, Guo Yaohui. A clinical analysis of 68 cases of anal abscess treated by one stage radical operation

JJ. China Journal of anorectal diseases, 2007,27 12): 24

5 Zhang Xiaoyuan, Liu Yongjie, Zhao Gaoxin.

Abscess pain) 31 cases of JJ. Chinese Journal of traditional Chinese medicine and Western medicine, 2007,20

11): 996