Treatment of complications

Treatment of complications

Strangulation and thrombosis are relatively uncommon. The patient presents in severe discomfort with often circumferential haemorrhoidal prolapse with impending mucosal necrosis. Distinction must be made from rectal prolapse and external haemorrhoidal thrombosis. Urgent haemorrhoidectomy (see Operations) may expedite symptom resolution, but great care is needed to avoid later anal stenosis. Many surgeons adopt a conservative approach, ensuring adequate pain relief, bed rest, cold saline compresses and laxatives. Resolution usually occurs in 3–4 days. Systemic antibiotics are usually given to reduce the risk of portal pyaemia. Severe haemorrhage is usually associated with a bleeding diathesis or anticoagulation. If such causes are excluded, a local compress containing adrenaline (epinephrine) solution will usually su ffi ce with blood transfusion if necessary . After adequate blood product replacement, examination under anaesthesia, ligation and excision of the piles may be required.

(b) Figure 80.21 (a) Disposable kit for injection of haemorrhoids. (Repro duced with permission from O’Connell PR, Madoff RD, Solomon MJ (eds). Operative surgery of the colon, rectum and anus , 6th edn. Boca Raton, FL: CRC Press, 2015.) (b) Correct injection site at the apex of the haemorrhoidal complex.

Revision #1
Created 2025-12-31 15:29:24 UTC by Omar Ayman
Updated 2025-12-31 15:29:24 UTC by Omar Ayman