

THE INCIDENCE OF DE NOVO OVERACTIVE BLADDER AFTER MILLIGAN MORGAN HEMORROIDECTOMY

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INTRODUCTION

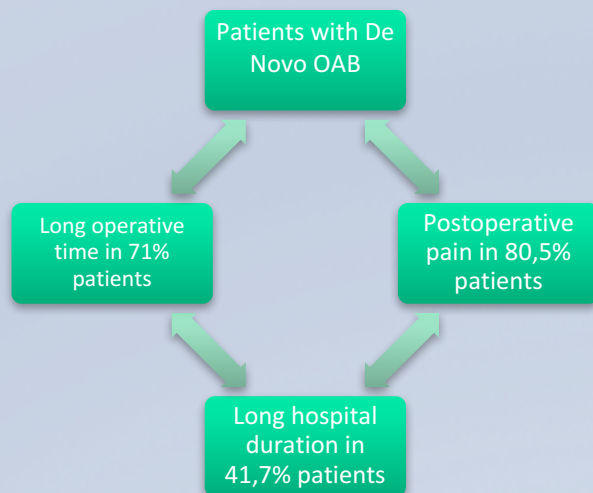
Conventional haemorrhoidectomy (CH), whether by the open Milligan-Morgan method or the closed Ferguson technique, is considered to be an extremely painful procedure. The severe postoperative pain, apart from evoking great fear and anxiety in patients, is a major cause of morbidity, leading to prolonged hospitalization. It is also implicated as a causative factor in postoperative urinary retention have been evaluated in detail. In this study we evaluated incidence and factors related to the occurrence of de novo overactive bladder (OAB) after Milligan – Morgan Hemorrhoidectomy.

METHODS

The medical records of 300 patients who underwent Milligan Morgan Hemorrhoidectomy between 2015 and 2017 were reviewed. Of these, there were 60 females (20%) and 240 males (80%). Data on demographics of patients, operative procedure, modes of anaesthesia, postoperative hospital stay and morbidities were collected. Patients with incidence urinary retention were excluded from this study. At the evaluation we divided the patients into two groups: patients with de novo overactive bladder (de novo OAB group) and patients without overactive bladder after surgery (OAB free group). Factors that might affect the incidence of de novo overactive bladder were analysed by univariate and multivariate analyses. Overactive bladder was defined as a score 2 or more on the urgency component of the overactive bladder symptom score (OABSS), and a total OABSS of 3 or more.

RESULTS

De novo Overactive bladder after Milligan – Morgan Hemorrhoidectomy was observed in 67 (22,3%) patients: 28 (41,7%) female and 39 (58,2%) male. The OABSS score in the de novo OAB group deteriorated significantly from 0 to 7, in the OAB free group it was not changed. Additionally there was a significant difference in the operative time - (more than 2 hours) in 48 (71%) patients, postoperative hospital duration - (over 2 days) in 28 (41,7%) patients and postoperative pain - in 54 (80,5%) patients. Logistic regression analysis with using factors related to de novo overactive bladder showed that operative time, postoperative pain are significant factors for predicting de novo overactive bladder.



CONCLUSIONS

The incidence of de novo OAB following Milligan Morgan hemorrhoidectomy was about 22%. Postoperative pain, long operative time, postoperative duration were related to de novo OAB after surgery.

REFERENCES

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