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Comparison Between Open Versus Closed Lateral Internal Sphimcterrotomy in Chronic Fissure in Ano- Our Experience

Dr Shanth Kumar P N

Department of Surgery, SIMS, Tumkur, karnataka, India

KEYWORDS :

Introduction

Fissure in ano is a vertical ulcer in the anal canal, most commonly in midline posterior[1]. It is one of the most painful condition and can present with painful defecation or bleeding per rectum. Most of the patients are offered medical treatment in the form of chemical sphincterotomy and those who not responding or failed with medical treatment are offered surgical treatment. There are various described surgical techniques like dialtaion, fissurectomy, open or closed lateral internal sphincterotomy[2]. All these procedures has its advantages and disadvantages. In this present study we are trying to compare the cure rate and complications of open and closed internal sphincterotomies.

Material and methods

We have included 100 patients in this study. Patients who were diagnosed as chronic fissure in ano from september 2013 to september 2015 were included. All the patients were explained regarding the type of surgery and 50 patients were subjected to open and 50 to closed internal sphincterotomy. Enema was given on the previous night of surgery and all open surgeries were performed under spinal anaethesia. Patient was placed in lithotomy position and a small transverse incision was taken in the intersphinteric groove, internal sphincter was dissected and then divided. Wound was closed with 3.0 absorbable sutures. The patient were discharged after 24-48 hrs. Closed sphincterotomy was performed under local anaesthesia as an outpatient procedure. Patient was placed in lithotomy position, 4% lidocaine was used as a local anaesthetic agent, with 11 number fish blade, between intersphincteric groove blade was passed and medially rotated and gently pulled out without injuring the anal mucosa. The patients were dischrged after 4- 6 hrs of the procdure. All the patients were followed up in outpatient department for any complications for a period of 6 months.

Results

During the post operative period, active bleeding was seen in 4 patients from open sphicterotomy group, from the cut edges of the sphincter and none from closed sphincterotomy group . Also 10 patients had urinary retension, needed catheterisation in post operative period. Pain was more in the open group patients for 3-4 days and with that of closed, only few had for 1-2 days. There was no infection seen in any of the group. Recurrence was seen in only 2 patients with closed group and no recccurence was seen in the open group. There was no soiling of clothes in closed group and about 24 % of patients in open group had soiloing.

Discussion

In open sphincterotomy group there were more post opearative complications like pain, urinary retension, bleeding, soiling compared to closed sphincterotomy group[3,4,5]. As the open sphincterotomy group patients had to undergo surgery under spinal anaesthesia, they need hosipitalisation, compared to patients in closed sphincterotomy group, who underwent surgery under local anaesthesia and went home on the same day. Reccurence rate was very low in both the groups and there was no need of resurgery in any group. More than 90% of patients were satisfied with closed sphincterotomy group with the procedure, as there was less pain post operatively, immediate discharge, no or less soiling, and of course less cost compared to open sphincterotomy group. Although there are various described surgical techniques like dialtaion, fissurectomy, open or closed lateral internal sphincterotomy.[6,7,8] From this study , we tried to conclude that lateral internal sphincterotomy is a better choice of surgery in anal fissure and in that closed sphincterotomy is preferable when compared to open.

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