



## PILES AND PANDEMIC – A REVIEW

### Surgery

**Dr Mahesh  
Chikkachannappa\***

M S General Surgery Aster CMI Hospital, Bengaluru. \*Corresponding Author

### ABSTRACT

Coronavirus disease (COVID-19) was first detected at Wuhan, China, in December 2019. This ongoing global pandemic has caused millions of confirmed cases and thousands of deaths. Various surgical options like hemorrhoidectomy by laser, staplers or simple removal of the piles by a competent surgeon help, it is a minor surgery, not to panic, with good hands you will be off to home within a day and back on your regular activities in few days. In my opinion the laser surgery is the best. But a surgeon would avoid doing piles surgery as far as possible during this COVID 19 pandemic until it is safe for patients and for the surgeons, here are literature that Coronavirus 2 are present in the faces of an individual even if they are asymptomatic carrier. Like I mentioned in my previous blog there has to be "safety in safety, in safety" during coronavirus pandemic to protect the health care providers, their help and presence is needed for a long time to go.

### KEYWORDS

Hemorrhoids, Covid 19.

#### INTRODUCTION:

Coronavirus disease (COVID-19) was first detected at Wuhan, China, in December 2019. This ongoing global pandemic has caused millions of confirmed cases and thousands of deaths [1]. This disease has a wide spectrum of clinical manifestations, ranging from mild upper respiratory tract infection symptoms to severe pneumonia that require ventilation support, shock, and multi-organ failure [-2]. COVID-19 is considered as multi-organ disease as it involves different organs and even systemic complications[-3]..

There has been some relaxation of this lockdown since last 4 days In Bangalore and on the first days, of the few odd patients I saw in my clinic many of them were having problem of PILES, that's the last thing a surgeon would like to see during COVID pandemic.

Lot of information about the COVID 19 and lot of protocols for many other conditions/surgeries but, everybody has forgotten the cherry at the end of the gastrointestinal tract! Which has been troubling many individuals?

#### What is PILES? (A surgeon calls it as a Hemorrhoid)

It is a condition where in the blood vessels around the anus enlarge leading to symptoms of discomfort, itching, bleeding and pain in the later stage due to inflammation of the skin around. There is literature supporting the existence of piles from the era of civilization King of Babylon was suffering from piles! 2250BC

#### So, what causes piles?

Pressure around the anus increases due to constipation, lifting weights, pregnancy and sedentary life leads to Piles formation and the new cause is...LOCKDOWN!

Actually, the pandemic itself is a big pain in the a\*\*

Yes, it is. lock down leads to inactivity, personality changes, staying indoor changes the mentality of a person leading to boredom, anxiety about the pandemic, financial losses, pay cuts, non-availability of regular food products which in turn leads to dietary changes i.e., either eating more or eating less food, all these factors causes Piles. It's such a pity it troubles all ages and with only little help because of lock down. Lot of patients who have my phone number has called for the same reason and I can hear the agony of an individual and helplessness. If not treated appropriately its' like a pandemic for a individual and the problems only going to become big.

They hesitate to go to the emergency department as they are worried about the COVID 19, and the prolonged waiting to see the emergency doctor. Piles is a social disease very rampant in the society it may be the most common condition a surgeon would see in his clinic but less operate upon(not all piles require surgery.) And the occurrence increases during a pandemic by at least 20 to 30 percent. It is considered a stigma to talk about it in the society due to which patients try to find solutions stealthily and many a times they harm themselves .Lack of adequate medical assistance during the pandemic will lead to take hasty and unconventional steps leading to complications like

bleeding and rupture of the piles wherein they have to rush to the emergency.

Patients with polycythemia vera are deemed high-risk group if aged more than 60 years old with or without history of thrombosis [-4]. These patients with polycythemia vera are prone to develop thrombotic and sometimes bleeding complications. This is certainly the case for Madam A as she was 72 years old. Hence, she was treated with cytoreductive agent, hydroxyurea, and aspirin to achieve good disease control as per management of polycythemia vera in various guidelines [-4 –5 –6].

However, management of this group of patients becomes more complicated with coronavirus infection. Coronavirus infection is a respiratory illness that was caused by SARS-COV-2. It releases pro-inflammatory cytokines such as IL-2, IL-6, and TNF-alpha which leads to systemic inflammatory response [-7]. Patients with COVID-19 infection are postulated to be in a hypercoagulable state and prone to develop micro- and macrothromboses [-7]. Several studies have shown an increase prevalence of thromboembolism in COVID-19 infection. In a series of 143 patients hospitalized with COVID-19 infection in China, 46.1% of them developed deep vein thrombosis [8]. In another study of 184 COVID-19 ICU patients in the Netherlands, 31% of them had thrombotic complications despite receiving standard doses thromboprophylaxis [-9].

Eat healthy foods like fruits rich in fibers Bananas Mangoes, pulses, raw vegetables anti-inflammatory foods like Almond, salmon fish, take vitamins, drink plenty of liquids(I don't have to specify now as the other liquid is not available) some physical activity ,walking indoors, swimming ,yoga if possible . Burn those calories somehow, yes, having sex is also one of them ...

Have a tele-consultation with your doctor it will definitely help to relieve your agony.

There are plenty of ointments and laxative powder and syrups available. As I mentioned earlier surgery for piles can wait most of the times, lifestyle changes will definitely help. Beat the lockdown modify your life style and adapting to the situation will help. It's not always piles it could be fissure, fistula, any tumor so as soon as u get an opportunity have a physical consultation with you surgeon. I just got to know that there is winter and summer piles in the western world, the treat remains the same.

#### CONCLUSION:

Various surgical options like hemorrhoidectomy by laser, staplers or simple removal of the piles by a competent surgeon help, it is a minor surgery, not to panic, with good hands you will be off to home within a day and back on your regular activities in few days.

In my opinion the laser surgery is the best. But a surgeon would avoid doing piles surgery as far as possible during this COVID 19 pandemic until it is safe for patients and for the surgeons, here are literature that

Coronavirus 2 are present in the faces of an individual even if they are asymptomatic carrier. Like I mentioned in my previous blog there has to be “safety in safety, in safety “during coronavirus pandemic to protect the health care providers, their help and presence is needed for a long time to go.

My dear comrades take care, call your doctor if you need help.

Prejudice and bigotry have occurred with each huge epidemic in the history.

*“This is a time for facts, not fear,  
This is the time for science, not rumors  
This is the time for solidarity not stigma”  
Tedros Adhanom Ghebreyesus*

(WHO Director)

This outbreak is a test of solidarity -political, financial and scientific. We need to come together to fight a common enemy that does not respect Borders sex, or religion.

Maintain distance wear a mask.

#### REFERENCES:

1. World Health Organization (WHO) Coronavirus disease (COVID-2019) situation report-209.
2. Wu Z, McGoogan JM. Characteristics of and important lessons from the coronavirus disease 2019 COVID-19 outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. JAMA. 2020;323(13):1239–42.
3. Spuntarelli V, Luciani M, Bentivegna E, Marini V, Falangone F, Conforti G, et al. COVID-19: is it just a lung disease? A case-based review. SN Compr Clin Med. 2020 Jul;28:1–6.
4. Griesshammer M, Kiladjian J, Besses C. Thromboembolic events in polycythemia vera. Ann Hematol. 2019;98:1071–82.
5. Francesco P. How I treat polycythemia vera. Blood. 2012;120(2):275–84.
6. McMullin MF, Harrison CN, Ali S, Cargo C, Chen F, Ewing J, et al. A guideline for the diagnosis and management of polycythaemia vera. A British Society for Haematology Guideline. Br J Haematol. 184:176–91.
7. Joly BS, Siguret V, Veyradier A. Understanding pathophysiology of hemostasis disorders in critically ill patients with COVID-19. Intensive Care Med. 2020;46:1603–6.
8. Zhang L, Feng X, Zhang D, Jiang C, Mei H, Wang J, et al. Deep vein thrombosis in hospitalized patients with COVID-19 in Wuhan, China: prevalence, risk factors, and outcome [published correction appears in circulation. 2020 Jul 14;142(2): e33]. Circulation. 2020;142(2):114–28.
9. Klok FA, Kruip M, van der Meer N, Arbous MS, Gommers D, Kant KM, et al. Incidence of thrombotic complications in critically ill ICU patients with COVID-19. Thromb Res. 2020;191:145–7.