

Research Article



A TEN YEAR STUDY OF THE MANAGEMENT OF HAEMORRHOIDS AT A SECONDARY NURSING HOME IN SOUTH WEST NIGERIA

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Accepted on: 13-05-2012; Finalized on: 30-06-2012.

ABSTRACT

This retrospective study evaluated the different treatment options used in the management of haemorrhoids in a state government owned secondary hospital, Jericho Nursing Home, Ibadan, Nigeria. The study was conducted for a period of two weeks covering June 5th – 17th 2007. The total of 120 case notes available for patients treated for haemorrhoids were used and thoroughly studied. The case notes consist of Thirty four (28.3%) males and 86(71.7%) females who were aged between 21-40 years 57(47.5%), between 41-60 years 41(34.2%) and between 61-80 years 22(18.3%). Among the nursing mothers whose case notes were studied, 57(47.5%) were pregnant while 63(52.5%) were not pregnant. The nursing mothers' occupations were marketing 4(3.3%), trading 36(30.0%), secretary 14(11.7%), teaching 16(13.3%), accounting 3(2.5%), student 7(5.8%), civil servant 6(5.0%), engineering 9(7.5%) and retirees 8(6.7%) with 17(14.2%) not indicating their occupation. Treatment options reviewed showed that those treated with sitz bath were 58(20.7%), with oral liquid paraffin they were 62(22.1%), with Anusol suppositories they were 48(17.1%), with dietary advice they were 87(31.2%), with Surgery (haemorrhoidectomy) they were 3(1.1%) and with TCP ointment/Xylocaine gel they were 22(7.9%). Statistical analysis was done using the SPSS version 11.0 software programmer for frequency and cross tabulation. There is a need to improve on these treatment options. More innovative methods should be developed for effective treatment of haemorrhoids.

Keywords: Treatment option, haemorrhoids, management, patients.

INTRODUCTION

Haemorrhoids, also known as 'Piles' is an anorectal disease which encompasses other disorders which may be serious as these disorders may affect three parts of the body. These are the perianal area, the anal canal and the lower portion of the rectum.¹

Haemorrhoidal disease appears with greatest frequency in persons 20-50 years of age. Numerous etiology factors give rise to the considerable confusion regarding the causes of haemorrhoidal disease. Etiological factors may be divided into predisposing and precipitating causes.²

The predisposing causes of haemorrhoids include erect posture (the human upright position), heredity, occupation and diet while precipitating causes include constipation, diarrhea, pregnancy, anal infection, rectile carcinoma, pelvic tumors, cardiac failure, portal hypertension, coughing, sneezing, vomiting, and physical exertion.³⁻⁵

Occupation involving severe muscular stress, prolonged sitting or prolonged standing are believed to be predisposing factors. Diet may also predispose a person to haemorrhoids. Low fibre diets and inadequate fluid intake contribute to hard and stiff stools leading to constipation which is an important precipitating cause of haemorrhoid. Diarrhea, coughing, sneezing, vomiting, heart failure, portal hypertension and physical exertion increase the pressure within the haemorrhoidal vessels and thereby may precipitate haemorrhoids.⁶

Pregnancy is by far the most common cause of haemorrhoids in young women. The gravid uterus causes increase pressure in the middle and inferior haemorrhoidal vessel. Labor may also intensify the haemorrhoidal condition and produce intense symptoms after delivery.⁷

The pharmacist should evaluate symptoms reported by the patient carefully before recommending a product for self medication as some anorectal disorders including haemorrhoids require immediate medical attention.⁸

Haemorrhoids are common in Nigeria. The prevalence is yet to be studied but it is estimated that 50% to 85% of the world's population will be affected by haemorrhoids at some time in their lives. The prevalence in the USA is about 4.4%. However, only a small number seek medical treatment because they do not see haemorrhoids as a serious ailment. It has been noted in the United States of America that annually about 500, 000 people are medically treated for haemorrhoids with 10 to 20% of them requiring surgeries.⁹

Improvement in our understanding of the pathophysiology of haemorrhoids has prompted the development of new and innovative methods of treatment, which are yet to be used in Nigeria thus necessitating a study of the management of haemorrhoids in Nigeria using case notes at Jericho Nursing Home, Ibadan, Nigeria to know the management options available when compared with new and innovative methods as the treatment of haemorrhoids is still evolving.



Doctors and lay people need to know more about haemorrhoidal disease for accurate diagnosis. Knowledge of prevention and treatment by non-pharmacological approaches such as change of lifestyle and dietary patterns and pharmacological approaches such as oral liquid paraffin, TCP Ointment, Anusol suppositories and surgery are all necessary.⁹

This study aimed at evaluating factors that predispose and precipitate haemorrhoids in nursing mothers and investigating the treatment options as well as how to improve on this treatment options with the goal of providing and promoting pharmaceutical care.

PATIENTS AND METHODS

A ten- year retrospective study of the management of haemorrhoids was done with 120 case notes from the medical records thoroughly studied.

All the 120 case notes of patients treated with haemorrhoids during the ten – year period of between January 1998 and December 2007 were obtained from the medical records and used for the study. The sample size being small due to the fact that not many of these cases were reported at the hospitals. The information obtained included demographic variables such as age, occupation, marital status and sex with physiologic state such as pregnancy. Ethical Approval was granted by the Jericho nursing home (hospital) ethical committee.

Statistical analysis was done using the SPSS version 11.0 software programmer for frequency distribution and cross tabulation.

Jericho Nursing Home is a 36 bed Hospital. It caters for senior civil servants on salary level 07 upward and members of their families. It also caters for some senior staff from other private sectors and corporations.

It consists of General ward, Maternity ward, Out-Patient Department, Physiotherapy Department, X-ray Department, Main Operating theatre, Kitchen Department, Administrative Department, Telephone Department, Pharmacy department, Preventive Department, Ambulance section, Electrical section, Laundry section, Tailoring section, Mortuary section and Hospital Record section.

RESULTS

Table 1 shows the study population consist of 34(28.3%) males and 86(71.7%) females. There were 57(47.5%) patients aged between 21 and 40 years and 41(34.2%) patients aged between 41 and 60 years while 22(18.3%) patients aged between 61 and 80 years. The mean, median and modal ages were 44.9, 40.5 and 29.0 years respectively. SD = 15.73.

Patients were engaged in various occupation including marketing 4(3.3%), trading 36(30.0%), secretary 14(11.7%), teaching 16(13.3%), accounting 3(2.5%), student 7(5.8%), civil servant 6(5.0%), engineering

9(7.5%) and retirees 8(6.7%) and those not indicating their occupation were 17(14.2%).

There were 117(97.5%) married patients and 3(2.5%) patients who did not indicate marital status.

Gestational age in months indicated that 11(9.2%) of the patients were 6 months pregnant, 29(24.2%) were 7 months pregnant, 17(14.2%) were 8 months pregnant while 63 (52.5%) of the nursing mothers were not pregnant.

Table 2 shows the treatment options of the nursing mothers. Those who used sitbath to treat haemorrhoids were 58(20.7%) while 62(22.1%), 48(17.1%), 87(31.2%), 3(1.1%) and 22(7.9%) treated haemorrhoids with Oral liquid paraffin, Anusol suppositories, Dietary advice, Surgery (haemoroidectomy) and TCP ointment/Xylocaine gel respectively.

Table 1: Socio-demographic factors

	(N)	%
I Gender		
Male	34	28.3
Female	86	71.7
II Age-group		
21-40	57	47.5
41-60	41	34.2
61-80	22	18.3
III Occupation		
Marketing	4	3.3
Trading	36	30.0
Secretary	14	11.7
Teaching	16	13.3
Accounting	3	2.5
Student	7	5.8
Civil servant	6	5.0
Engineering	9	7.5
Retired	8	6.7
Not indicated	17	14.2
IV Marital Status		
Married	117	97.5
Not Indicated	3	2.5
V Gestational Age (In months)		
6	11	9.2
7	29	24.2
8	17	14.2
Not Pregnant	63	52.5

The mean, median and modal ages were 44.9, 40.5 and 29.0 respectively. (SD 15.73%)

DISCUSSION

Knowledge of a patient present condition, medical history and medication profile obtained from the patient's interview is necessary to determine how individual patient may respond to self medication when treating haemorrhoids.^{3,9} Of prime importance is to determine if patients have symptoms amenable to self medication since most of the treatment available for the treatment of haemorrhoids are self medicated.⁹ With respect to pregnant and nursing mothers, any recommended ingredients should be used externally.⁹ In this study, 57 of



the patients were pregnant while 63 were not pregnant (Table 1). However, all the patients were nursing mothers. As a result with the exception of surgery, all medications used in the study were self medicated and were applied externally.

The modal gestational age of the pregnant women was 7.0, which shows that most women develop haemorrhoids more often as from age 7 months of their pregnancy.

Children with haemorrhoids should be referred to a physician.⁹⁻¹¹ In this study no child participated as the youngest nursing mother was 21 years old. In recommending an appropriate non prescription product, the pharmacist should consider ingredients and dosage form. A product containing recommended ingredients in appropriate combinations should be offered. As a general rule, the product containing the least number of recommended ingredients in combinations are the ones that pharmacists should suggest to a patient.⁸

TCP ointment/xylocaine is a polyethylene glycol base containing 20% xylocaine used externally; TCP ointment/xylocaine is effective in treating itching, burning and pain. The pharmacist should make it clear to the patient that if symptom does not improve after 7 days, or if bleeding, protrusion and/or seepage occur, a physician should be consulted as soon as possible.^{8, 12, 13} In this study, 62 patients were treated with TCP/Xylocaine gel (table 2).

Table 2: Treatment Options Reviewed*

Treatment Options	N	%
Sitzbath	58	20.7
Oral Liquid Paraffin	62	22.1
Anusol Suppositories	48	17.1
Dietary advice	87	31.2
Surgery (Haemorrhoidectomy)	3	1.1
TCP Ointment/Xylocaine	22	7.9

*Multiple responses

Dietary and cultural pattern may also predispose persons to haemorrhoids. Low fibre diets and inadequate fluid intake contribute to hard and stiff stools. This in turn may lead to constipation, an important precipitating cause of haemorrhoids caused by excessive straining in defecation. Patients should be properly educated concerning diet to prevent haemorrhoid.¹³ In this study, 87(31.2%) patients were treated with dietary advice (table 2).

A suppository may ease staining at the stool by lubricating effect. Insertion of a suppository may provide a beneficial physiological effect. However, because of their many disadvantages, suppositories are not usually recommended as a dosage form in the treatment of haemorrhoidal symptoms. In prone patients, suppositories may leave the affected region and extend into rectum and lower colon. If a patient remains prone after inserting a suppository, the active ingredients may not evenly distribute over the rectile mucosa.¹³ Suppositories are relatively slow acting because they

must melt to release the active ingredients. In this study, 48(17.1%) of the patients were treated with anusol suppositories (Table 2)

Modern methods of treating haemorrhoids surgically include injection of sclerosing agents, rubber band ligation, dilatation of anal canal and lower rectum, cryosurgery, haemorrhoidectomy and infrared coagulation.¹⁴⁻¹⁷ Only 3(1.1%) of the patients were treated with haemorrhoidectomy in this study (Table 2).

Women within childbearing age were used for the study because at one time or the other, they would be pregnant; they are more prone to haemorrhoids due to increased straining during bowel movement.³

A secondary lifestyle and sitting for prolonged period of time have been found to be some of the causes of haemorrhoids.²⁻⁴ Looking at the occupation of the respondents, traders had higher frequency and this can be linked to their having to sit in a place for a longer period of time compared to other occupations. The secretaries have a high frequency which is next to that of traders (table 2). They also have a high tendency to develop haemorrhoids because they sit in one place for a long time.³

The limited number of patients obtained from the records also shows that people do not visit the hospitals or report haemorrhoidal cases in the hospitals. They do not see the disease as a serious ailment as they usually consider haemorrhoids as mild and temporary conditions that would heal spontaneously.

CONCLUSION

Most of the treatment options available in Nigeria may not provide the best care for the treatment of haemorrhoids. The treatment options such as rubber band ligation, sclerotherapy, stapled haemorrhoidectomy and doppler guided haemorrhoidal artery ligation should also be considered.

Acknowledgement: We acknowledge the support and cooperation of staff of the Jericho nursing home, Ibadan, Nigeria.

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