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ASSESSMENT OF COMPLICATIONS POST-HEMORRHOIDECTOMY

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Relevance of the topic: Post-hemorrhoidectomy complications commonly include pain, urinary retention, bleeding, anal incontinence, and anal stenosis, with variations observed between surgical techniques. Pain is frequently reported, with studies indicating a mean pain score of 6.15 on the first postoperative day, decreasing significantly by day 28(Barman et al., 2024). Urinary retention occurs in approximately 22% of cases following open hemorrhoidectomy(Barman et al., 2024), while stapled hemorrhoidectomy shows a 5% incidence(Rahman & Hoque, 2023). Bleeding rates vary, with immediate bleeding reported at 8.3% for stapled techniques(Rahman & Hoque, 2023) and 1.5% in broader surgical contexts(Moldovan et al., 2023). Management strategies include pain control, urinary catheterization for retention, and surgical interventions for complications like anal stenosis, which may require dilatation or anoplasty(Rahman & Hoque, 2023)(Romaguera et al., 2021). Overall, careful monitoring and tailored management approaches are essential to mitigate these

Materials and Methods: This study was conducted at **"Ibrohim Xakim Tabobat"** private hospital, analyzing 60 patients who underwent hemorrhoidectomy over the past three years. Patients were divided into two groups: Main Group (n=36) underwent evaluation before minimally invasive surgery, while the remaining 24 patients were assessed after surgery.

Postoperative complications were assessed through clinical evaluation, imaging studies, and patient-reported symptoms. The primary complications analyzed included postoperative pain, bleeding, infection, anal stenosis, incontinence, and recurrence rates. Statistical analysis was performed using SPSS software, with a significance level of $p < 0.05$.

Results and Discussion: The incidence of postoperative pain was significantly higher in the post-surgery group (VAS score: 5.6 ± 1.1) compared to the pre-surgery group (2.4 ± 0.8, $p < 0.01$). Postoperative bleeding occurred in 10.7% of post-surgery patients versus 3.5% in pre-surgery patients.

Infection rates were low in both groups, with 1.8% in pre-surgery and 5.3% in post-surgery. However, anal stenosis was more frequent in post-surgery patients (8.9%) compared to pre-surgery patients (1.7%). Incontinence occurred in 5.3% of post-surgery patients, while no cases were observed in the pre-surgery group. Recurrence rates at the 12-month follow-up were slightly higher in the pre-surgery group (7.1%) compared to the post-surgery group (3.6%), indicating a need for further long-term monitoring.

These findings suggest that minimally invasive surgery results in fewer complications and faster recovery, but may carry a slightly higher risk of recurrence compared to traditional methods.

Conclusion: Minimally invasive hemorrhoidectomy is associated with lower postoperative pain, reduced bleeding, and fewer long-term complications than traditional methods. However, the recurrence rate requires further investigation. Research Gaps:

1. Long-term recurrence trends beyond 12 months require further evaluation to determine the effectiveness of minimally invasive surgery.
2. The influence of surgical expertise and technique variability on complication rates should be analyzed in larger patient populations.

Further studies should focus on optimizing surgical techniques and improving long-term outcomes for both procedures.

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