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Laser sphincterotomy: A minimally invasive treatment for severe anal spasm in cases of chronic anal fissures

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Statement of the Problem: A chronic anal fissure can be identified by the presence of hypertrophied anal papilla, visible internal sphincter fibres at the base of the fissure, a sentinel polyp at the distal end or a fibroepithelial polyp at the apex. The ischemia of the anal lining caused due to elevated sphincter pressures, may be responsible for the pain of anal fissures and their failure to heal. The present paper evaluates the treatment outcome of chronic anal fissures using laser sphincterotomy.

Methodology: 52 admitted and operated patients (30 males and 22 females) of anal fissure by laser sphincterotomy were examined retrospectively. The patients with chronic anal fissure and severe anal spasm with VAS scores 8-10 were selected. Data on duration of procedure, 6 months follow-up data of post-operative complications, resolution or persistency were collected. The diode laser of 1470 nm was used as the beam source. Follow up was scheduled in outpatient clinic at 1 week, 3 week, 2 months, 3 months and 6 months post-operatively.

Results: 46.7% males of the age group 41-50 years and 63.6% females of age group 31-40 years were most common. The pre-operative average readings of patients with spasm in males were 120-140 mmHg and in females it was recorded to be 110-125 mmHg, which showed a decrease post-operatively and become almost normal after 3 months. No other post-operative complications were observed except mild bleeding in 20 patients (38.46%) in the first week, along with purities and anal discharge in 20 (38.46%) and 5 (9.6%) patients respectively upto 1 month.

Conclusions: The results showed that patients had reduced healing time with no scars following minimally invasive laser sphincterotomy when compared to conservative surgical procedures. There were nil post-operative complications at the follow-up period, with minimal bleeding in a few cases following the procedure.

Recent Publications:

1. Patel H S, Chavda J, Parikh J and Naik N (2013) Study of operated patients of lateral internal anal sphincterotomy for chronic anal fissure. *J. Clin. Diagn. Res.* 7(12):2863-2865.
2. Tahamtan M et al. (2016) Surgical management of anal stenosis: anoplasty with or without sphincterotomy. *J. Coloproctol.* 37(1):13-17.
3. Madalinski M H (2011) Identifying the best therapy for chronic anal fissure. *World J. Gastrointest. Pharmacol. Ther.* 2(2):9-16.
4. Mapel D W, Schum M and Worley A V (2014) The epidemiology and treatment of anal fissures in a population-based cohort. *BMC Gastroenterol.* 14:129.
5. Manoharan R, Jacob T, Benjamin S and Kirishnan S (2017) Lateral anal sphincterotomy for chronic anal fissures- a comparison of outcomes and complications under local anaesthesia versus spinal anaesthesia. *J. Clin. Diagn. Res.* 11(1):PC08-PC12.

Biography

Jaya Maheshwari is a prominent dignified Surgeon and has pursued minimal access surgery moving further in her career. During her academic journey she has been awarded a couple of fellowships in laparoscopy from the top institutes. Ongoing with her pursuit for academic excellence she specialized and got certified in advance proctology and lasers. She is currently the Co-Convener for the FIAGES Board. She presently heads the Department of Advance Proctology and Department of Laparoscopic Surgery in Jyoti Hospital, Jaipur. Her rich clinical career in performing thousands of surgeries over a span of nearly one and half decade, and her vision for quality and excellence made her establish a first of its kind department, specifically in proctocare and minimal access surgeries. The department offers a plethora of surgeries and the most advance techniques, like the STARR for severe constipation, staplers and lasers for piles, fistula and fissures, and various types of mesh repairs for all hernias.

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