

patient characteristics, satisfaction, quality of life and need for further treatment of Ferguson hemorrhoidectomy (FH) and circular stapled hemorrhoidopexy (SH)

	FH (n=18)	SH (n=18)	P value
Age (years)	35.7±12.5	36.1±10.8	0.1
Female/Male	9/9	9/9	0.004
Operation during study period			
2000-2001	7 (38.9%)	9 (50.0%)	0.17
2002-2003	11 (61.1%)	9 (50.0%)	
Symptoms improvement after hemorrhoid surgery			
Gravidy improvement	7 (38.9%)	10 (55.6%)	0.06
Regularity	16 (88.9%)	17 (94.4%)	
Lineal surgery	3 (16.7%)	12 (66.7%)	
Recurrence	2 (11.1%)	0	
Recommending hemorrhoid surgery to others			
Yes	9 (50.0%)	14 (77.8%)	0.7
No	9 (50.0%)	4 (22.2%)	
Admission pain <sup>a</sup>	1.25±1.45	1.35±1.17	0.16
CGQL <sup>b</sup>	6.75±2.27	6.85±2.26	0.87
FIQL <sup>c</sup>			
Leakage	3.04±1.42	3.06±1.4	0.85
Control/Incontinence	2.85±1.33	2.96±1.32	0.72
Demonstration of Perianth	2.95±1.50	3.15±1.56	0.87
Embryonic	3.06±1.44	3.12±1.36	0.81
Need for additional treatment after hemorrhoid surgery			
Medication	4 (22.2%)	3 (16.7%)	1
Reoperation	3 (16.7%)	0 (0.0%)	0.47

<sup>a</sup> Assessed with visual analog score at time of the survey (0: worse; 10: best);

<sup>b</sup> (0: worse; 1: best); <sup>c</sup> (1: worse; 4: best).

CGQL: Cleveland global quality of life; FIQL: Fecal incontinence quality of life.

## P77

### GABAPENTIN SIGNIFICANTLY DECREASES POSTHEMORRHOIDECTOMY PAIN: A PROSPECTIVE STUDY.

V. Y. Poylin, J. Quinn, K. Messer and D. Nagle *Colon and Rectal Surgery, Beth Israel Deaconess Medical Center, Boston, MA.*

**Purpose:** Surgery for symptomatic hemorrhoids remains a painful procedure with prolonged recovery. Gabapentin is widely used for management of acute and chronic pain. The aim of this study is to evaluate the effect of gabapentin on post-hemorrhoidectomy pain and opioid use.

**Methods:** This is a single center, prospective, open-label study. Consecutive patients requiring hemorrhoid surgery were randomized to receive standard treatment (control group - local anesthetic at the time of surgery and post-operative multimodality pain regimen including acetaminophen, NSAIDs and opioid) or treatment group (standard treatment plus daily dose of Gabapentin from day prior to 7 days after surgery). Phone surveys were performed assessing for pain level number of opioid pills taken on post-operative days 1, 7, 14 and 30.

**Results:** A total of 17 treatment and 13 control patients were recruited into the study. One patient from the study group and 2 patients from the control group were excluded due to failure to follow up. Pain levels for the gabapentin group were significantly lower on POD 1, 7 and 14 when compared to the standard treatment group (3.68 vs. 6.82  $p<0.01$ ; 2.68 vs. 5.1  $p=0.02$  and 0.75 vs. 3.64  $p<0.001$  respectively). There was a trend towards lower number of opioid medications taken in gabapentin group for POD 1, 7 and 14 (4.69 vs. 6.36; 2.13 vs. 2.73 and 0.125 vs. 0.9) but it did not reach statistical significance. Average hemorrhoidal grade and number of hemorrhoidal complexes removed was similar between gabapentin and treatment group. Four patients in control group experienced post-operative complications (2 with urinary retention, one each bleeding and fecal impaction) vs. two patients in gabapentin group (urinary retention). All complications required visit to emergency room. No gabapentin related complications were seen in treatment group. The average cost of gabapentin course was \$5.34 per patient.

**Conclusions:** Daily use of gabapentin in the perioperative period significantly decreased levels of post-operative pain. This is an effective, inexpensive addition to improve pain after hemorrhoid surgery. Randomized placebo-controlled studies would better define the usefulness of this medication in the post-hemorrhoidectomy patient.

## P78

### 36 MM TISSUE SELECTING TECHNIQUE: A SIMPLE AND EFFECTIVE TECHNIQUE FOR PATIENTS WITH LARGE PROLAPSING HEMORRHOIDS AND OBSTRUCTED CONSTIPATION SYNDROME.

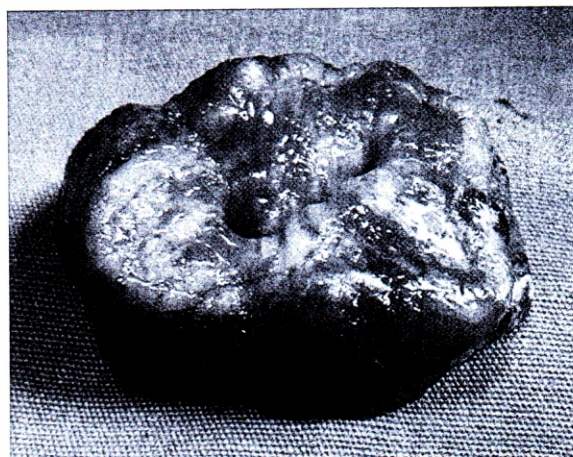
H. Lin and D. Ren *colorectal surgery, the sixth affiliated hospital of Sun Yat-sen University, Guangzhou, China.*

**Purpose:** Stapled transanal resections for large prolapsing hemorrhoids and obstructed defecation syndromes (ODS) have gained popularity with favourable results. However, the mean weakness of this procedure was related to recurrence rate and some major complications that can occur. Considering that a larger resection could help to avoid recurrence and that a better technology and an easier procedure could help to reduce some important complications, the need of a revision and an evolution of the devices and the procedure seem to be essential. 36 mm Tissue selecting technique (36mm TST), which came with a 36 mm diameter stapled case, was one of our attempts to achieve these goals. Therefore, this study is designed to assess the safety, efficacy, and postoperative outcomes of 36mm TST.

**Methods:** All the consecutive patients enrolled in the sixth affiliated hospital of Sun yat-sen university affected by Grade III-IV hemorrhoids and ODS due to rectocele and/or rectal intussusception that underwent stapled transanal resection with 36mm TST were included in the present study. Data pertaining to demographics, preoperative characteristics and postoperative outcomes was collected and analyzed.

**Results:** Twelve eligible patients underwent 36mm TST. Of 12 patients 5 was Grade IV hemorrhoids while 7 was ODS with a mean Cleveland Clinic Score for Constipation (CCSC) 13.7±1.1. Blood loss in patients was 8.0 ml (range, 5.0~15.0ml). The operative time was 8 min (range, 5~15 min). The volume of the resected specimen was 13ml (range, 12~15ml). Postoperative VAS was 2 (range, 1~4), 2 (range, 1~4), 2 (range, 1~3), 1 (range, 0~3), 1 (range, 0~2) and 2 (range, 2~4) at 12 h, day 1, 2, 3, and 7, and first defecation. No patients developed anal incontinence or stenosis. The CCSC for the 7 patients with ODS was 9.0±0.8 three months postoperatively ( $P=0.001$ ). No recurrent prolapsing symptom was found in 5 with Grade IV hemorrhoids.

**Conclusions:** 36mm TST allows to obtain a great resection of rectal tissue and it also provides a surprising lifting effect. Therefore, 36 mm TST appears to be a simple safe and effective technique for patients with large prolapsing hemorrhoids and ODS.



The resected rectal specimen