

Excision of Thrombosed External Hemorrhoids

Indications

1. Diagnostic
 - Painful, tender, swollen bluish mass at anal verge, distal to dentate line
 - Differential incl anorectal abscess and anal fissure
2. Therapeutic
 - Excision within 48-72 hrs of symptom onset results in more rapid relief of pain
 - 3.9 days vs. 24 days
 - Decr risk of recurrence after one yr
 - 5-6% vs. 21-25% compared to conservative tx
 - Excision is not required if symptoms are resolving or pain is not severe
 - Because pain usually resolves after 7-10d
 - Most effective treatment for thrombosed external hemorrhoids

Contraindications

1. Relative contraindications incl
 - Bleeding disorders
 - Hemodynamic instability
 - Serious systemic illness
 - After 72 hrs, pain of procedure often exceeds relief provided by surgical intervention

Materials

1. Non-sterile exam gloves
2. Povidone-iodine antiseptic soln
3. 10 mL syringe filled w/9 mL 1% lidocaine with epinephrine
4. 27 gauge 1 1/4-inch needle
5. No. 15 scalpel blade
6. Mosquito hemostats
7. Fine tissue forceps w/teeth
8. Tissue-cutting scissors
9. 1 inch of sterile 4x4 gauze

PROCEDURE

Positioning

1. Pt is placed in lateral decubitus position
2. Pt or an assistant can separate buttocks or buttocks can be taped apart to aid in visualization

Step-by-Step

1. Cleanse perianal area w/antiseptic soln
2. Infiltrate overlying skin above hemorrhoid w/anesthetic causing skin to blanch
3. Infiltrate base of hemorrhoid w/anesthetic
4. Make a small radially oriented elliptical incision into anal skin overlying thrombosis

5. Elevate skin edges w/forceps and excise elliptical skin using scissors
 - Use caution to avoid cutting into muscle sphincter below hemorrhoidal vessels
6. Often entire hemorrhoidal plexus can be removed as one piece attached to overlying skin
 - If any residual clot remains remove it w/forceps, or by applying digital pressure
7. Control bleeding w/direct pressure
8. Wound is left open to heal by secondary intention
 - Place 1 inch of 4x4 gauze to surgical site between buttocks
 - Pt can be given additional gauze for use at home

Post-Procedure

1. Minor bleeding can be expected after epinephrine wears off
2. Pt should begin sitz baths after anesthetic wears off, and repeat 3-4/day
 - Include after each defecation
 - Change gauze pad accordingly
3. Oral analgesics, topical anesthetics and stool softeners may be helpful
4. Advise incr dietary fiber and fluid intake, and avoid prolonged sitting on toilet

Pearls

1. Simple incision and evacuation of clot can relieve pain
 - But incr risk of recurrent thrombus formation w/in one yr
2. Routine antibiotics are not indicated

Complications

1. Bleeding
 - W/in 6 hrs requiring intervention in 2% in one study
 - 0.3% in another study
2. Pain
 - Resolved w/in 4 days in all surgically tx pts in one study
3. Recurrence
 - Averages 5-6.5% within 1-2 yrs in surgically tx
 - Versus 21-25% w/in one yr for conservatively managed
4. Fistula or abscess
 - In 2.1% of pts in one study
5. Anal skin tags
 - Seen in 13% of conservatively tx vs. none after surgery in one study

Follow-Up

1. Pts may have a wound check after 2-4 d if pain or mild bleeding persists
2. Schedule a follow-up exam after 4-6 wks

CPT Codes

1. 46320 Enucleation or excision of external thrombotic hemorrhoid (primary CPT code)
2. 46083 Incision of thrombosed hemorrhoid, external
3. 46935 Destruction of hemorrhoids, any method; external

References

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Evidence-Based Inquiry

1. Which treatments work best for hemorrhoids?

Author: Derek Wright, MD, *Idaho State University FPR*

Editor: Edward Jackson, MD, *Michigan State University-Sparrow Hospital FPRP*