PP8. Prolapsed haemorrhoids and anorectal manometry - do haemorrhoids prolapse due to reduction in the anorectal pressures ?

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Objectives: It is postulated that one possible cause for prolapse of haemorrhoids is reduction in the anorectal pressures (ARP). Therefore this study was conducted to analyse the ARP in patients presenting with prolapsed haemorrhoids.

Design, setting and methods: Ten patients (M: F = 10: 0) admitted to the surgical casualty ward with prolapsed haemorrhoids were subjected to ARP studies prior to emergency haemorrhoidectomy using

Properati ve	Maximum resting pressure -mm Hg (range)	Maximum squeezing pressure, - mm Hg	Rectal volume at desire to defaecate -ml	Max. tolerable volume
post op: at 6/52 post op: at 3/12	69.8 (40-100) 53.6 (30 - 70) 50(32-70)	119 (62 - 180) 105.8 (62 150) 91 (60-160)	73.6 (60 - 80) 65(60-80) 60 (60)	193 (140-280) 175 (160-250) 178 (150-140)
	54.2 (36.7-66.3)	100.7 (89-130)	58(50-90)	175 (160-190)

Conclusions: **Our** study reveals that those with prolapsed haemorrhoids have an increased anorectal pressures disproving the belief that prolapse is due to reduced anal pressures. Increase in the pressures is probably due to the spasm of the internal sphincter

a computerised 4 channel perfusion system (Synectics. UK). Those with a history of previous anorectal surgery and manual anal dilatations were excluded from the study. ARP studies were repeated 6 weeks and 3 months post operatively.

Results: Mean age was 51 Years (range 29 - 70). Functional mean anal sphincter length was 3.3 cm (range 2.4 cm). Mean age and anal sphincter length were similar in the control group thus making both groups comparable.

caused by the pain. Post operatively the pressures returned to near normal indicating that the changes are reversible. Increase in the preoperative rectal volumes may be due to prolapse causing mucosal oedema leading to blunting of the rectal sensation.