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Surgical Management of Grade III and IV Hemorrhoids: A Case Report on Open Hemorrhoidectomy Following Failed Conservative Therapy

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Abstract

Hemorrhoidal disease, particularly Grade III and IV internal hemorrhoids, poses significant therapeutic challenges when conservative measures fail. This case report details the surgical management of a patient with Grade IV hemorrhoids refractory to medical therapy. An open hemorrhoidectomy was performed with successful clinical outcomes. The case underscores the efficacy of open hemorrhoidectomy in advanced hemorrhoidal disease and highlights the importance of appropriate patient selection and perioperative management.

***Index Terms*: Hemorrhoids, Milligan-Morgan hemorrhoidectomy, Grade IV, conservative therapy failure, surgical management**

Introduction

Hemorrhoids are engorged vascular structures within the anal canal that become symptomatic when swollen or prolapsed. While Grades I and II are often managed conservatively, Grades III and IV typically require surgical intervention due to persistent symptoms and prolapse. Open hemorrhoidectomy remains a widely practiced technique with proven efficacy, particularly in patients unresponsive to non-operative management.

Case Report

Patient Information:

- Age/Sex: 52-year-old male
- Chief Complaint: Painful prolapse and rectal bleeding for 18 months
- Past Medical History: Controlled hypertension
- Previous Treatment: High-fiber diet, sitz baths, topical agents, and flavonoid-based phlebotonics over six months with minimal improvement

Clinical Examination:

- Inspection and digital rectal exam revealed irreducible, circumferential prolapsing hemorrhoids
- Proctoscopy confirmed Grade IV internal hemorrhoids, with thrombosis and mucosal ulceration
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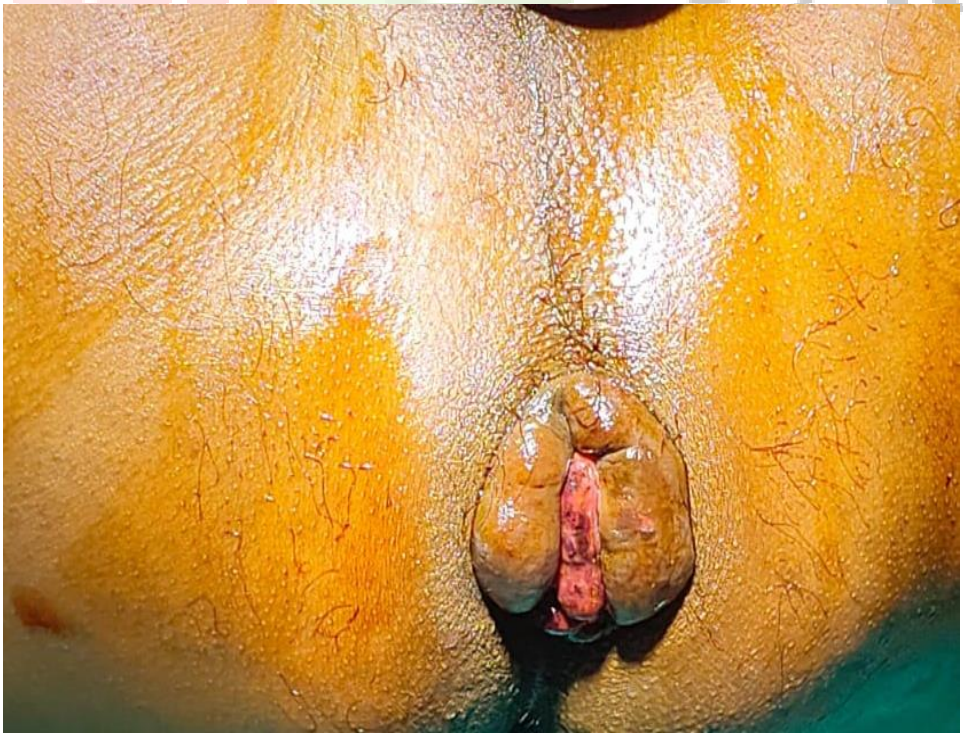
- No evidence of anal fistula, abscess, or neoplasia

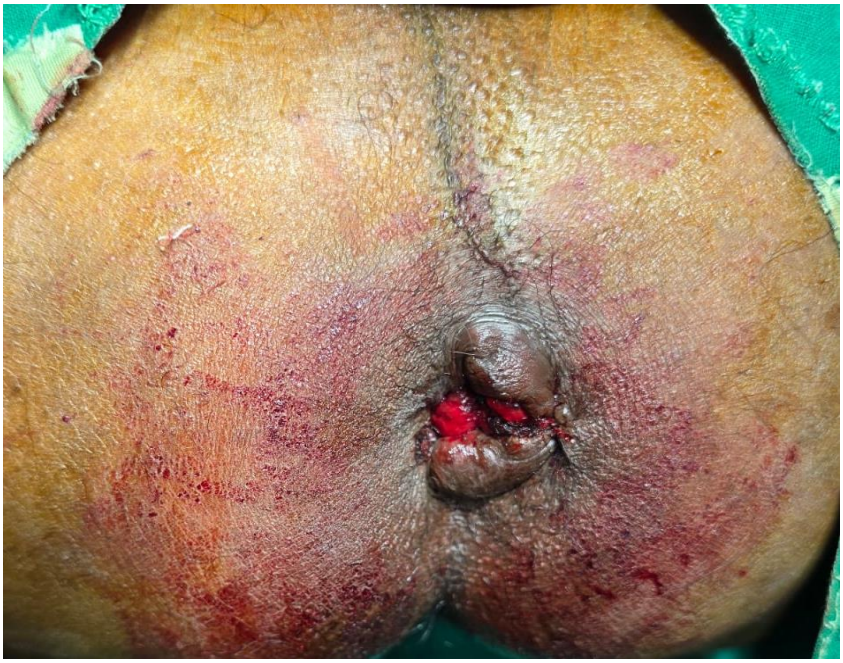
Surgical Intervention

Procedure: Open hemorrhoidectomy (Milligan-Morgan technique) under spinal anesthesia

- Three primary hemorrhoidal cushions excised at 3, 7, and 11 o'clock positions
- Mucocutaneous bridges preserved to avoid stenosis
- Hemostasis achieved with suture ligation
- Wounds left open for secondary intention healing



Pre- Operative image (Grade IV Prolapsed Piles)



Post-Operative Image

Postoperative Care:

- Analgesics (NSAIDs), stool softeners, antibiotics, and sitz baths
- No intraoperative or immediate postoperative complications

Follow-Up:

- Postoperative Day 1: Mild discomfort, managed conservatively
- 1-Week Review: Reduced swelling, no active bleeding
- 6-Week Review: Complete wound healing, full symptom resolution
- 6-Month Review: No recurrence; patient satisfaction

Discussion

In cases of advanced hemorrhoidal disease, open hemorrhoidectomy remains the gold standard, particularly when conservative measures fail. Despite a relatively higher incidence of postoperative discomfort, the long-term outcomes—including recurrence rates—are superior compared to minimally invasive techniques. Preservation of mucocutaneous bridges, meticulous hemostasis, and adequate postoperative care are crucial to minimize complications such as stenosis, pain, and infection.

Conclusion

Open hemorrhoidectomy is a definitive and effective treatment for Grade III and IV hemorrhoids refractory to conservative therapy. This case reinforces its role as a safe and curative option with excellent long-term results when performed with appropriate surgical technique and postoperative care

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