

Evaluation of Hemorrhoid Outcomes for Pregnant Women

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Abstract: Background: Hemorrhoids are defined as an aberrant downward movement in the anal cushions that results in venous dilatation. Hemorrhoids are commonly associated with burning, itching, perianal discomfort, and bleeding. **Aim:** This paper aims to evaluate of hemorrhoid outcomes for pregnant women. **Patients and methods:** This paper was interested to evaluate of hemorrhoid outcomes for pregnant women where include patients who suffered of hemorrhoids in different hospitals in Iraq from 19th July 2021 to 25th June 2022. This paper was focused on patients who have ages in between 25-40 years. This paper was included to groups. Where the first represented the patients' group who still suffered of hemorrhoids after the process outcomes of the operative, while the second group presented patients who successes of prevent hemorrhoids where it, represented as intervention group with 164 cases where each group has 64 patients. The data were examined and recovered the outcomes of health outcomes by the SPSS program. **Results and Discussion:** According to our findings, either ITT or PP analyses revealed that this intervention reduced hemorrhoids by about 60% of the overall rate. The prevalence of hemorrhoids following giving birth for the patient's category (ITT-41%; PP-42%) was consistent with Poskus et al.'s observed rate of 40.7% in a comparable population. **Conclusion:** Due to the comparatively low miscarriage as well as hemorrhoid rates, small variations between research groups might have been ignored. Yet, the miscarriage rate was the most recognized result for assessing the safety of different prenatal procedures. Finally, our proposed method, which aims to change dietary and behavioral patterns, dramatically lowers the risk of hemorrhoids throughout pregnancy and may be safely advised to pregnant women.

Keywords: hemorrhoids, Pregnancy, rate of spontaneous miscarriages, and rate of hemorrhoids.

INTRODUCTION

Hemorrhoids are defined as an aberrant downward movement in the anal cushions that results in venous dilatation [Thomson, W.H.F, 1975]. Hemorrhoids are commonly associated with burning, itching, perianal discomfort, and bleeding. This ailment is very common during pregnancy, especially throughout the third trimester as well as the postpartum period. A few clinical investigations found an incidence of hemorrhoids ranging from 15% to 41%, or even 85%, in select groups, with the frequency increasing with age and parity. [Jakubauskas, M. et al., 2020- Medich, D.S. et al., 1995]

Hemorrhoids in pregnancy are caused by a variety of physiological causes. Venous stasis of the perianal area is caused by an increase in circulating blood volume as well as an increase in intraabdominal pressure caused by uterine enlargement. Furthermore, the pregnancy hormone progesterone relaxes smooth muscles not just within the venous walls as well as in the colon, resulting in decreased motility as well as constipation. Several prospective studies have acknowledged some of these variables. [Gojnic, M. et al., 2005- Shin, G.H. et al., 2015]

Personal history of perianal illness, straining throughout delivery with more than 20 minutes,

birth weight in new-born > 3800 g, and constipation are all significant risk factors with hemorrhoids as well as anal fissures, according to Poskus et al. Constipation and a history of anal issues, according to Ferdinande et al., are important risk factors for getting perianal illness during pregnancy. Despite constipation is one of the most well-known modifiable risk factors significantly linked to the occurrence of hemorrhoids following pregnancy, research on the subject is limited. There are currently no research examining dietary and behavioural strategies to reduce the prevalence of chronic hemorrhoids in pregnancy. [Monika, S. et al., 2014- Davis, B.R. et al., 2018]

Hemorrhoids remain among the most prevalent adult illnesses globally, involving 4.4% up 36% of the world's population. Incomplete figures reveal that at least 50% of people over the age of 50 have hemorrhoids, with mixed hemorrhoids accounting for the great majority. Hemorrhoids symptoms and indicators involve frequent stools, itching, discomfort, prolapse, and bowel movement blood. These are frequently coupled alongside enlarged hemorrhoid pads, that might be a sign of various diseases. Hemorrhoids have a negative influence on one's quality of life. As a result, it is especially

important to create and carry out timely scientific and efficient treatment programs within clinical practice [Creasy, R.K. *et al.*, 1984]. This paper aims to evaluate of hemorrhoid outcomes for pregnant women.

PATIENTS AND METHODS

This paper was interested to evaluate of hemorrhoid outcomes for pregnant women where include patients who suffered of hemorrhoids in different hospitals in Iraq from 19th July 2021 to 25th June 2022. This paper was focused on patients who have ages in between 25-40 years. This paper was included to groups. Where the first represented the patients' group who still suffered of hemorrhoids after the process outcomes of the operative, while the second group presented patients who successes of prevent hemorrhoids where it, represented as intervention group with 164 cases where each group has 64 patients. The data were examined and recovered the outcomes of health outcomes by the SPSS program.

This paper was presented Distributions of hemorrhoid patients for pregnant women based on age, BMI, and marital status, which contain within Married and Single, where the demographic outcomes were found in Table 1, Table 2, and Table 3.

To follow-up, this paper was examined characteristics baselines into hemorrhoid patients for pregnant women based on symptoms which include aching anus, hard lumps near the anus, itching around the anus, Prolapsed hemorrhoid, and Rectal bleeding, which can be seen in Table 4.

In comparison of both groups, this paper studied Changes of the number of previous pregnancies into hemorrhoid patients for pregnant women, which have progressed with numbers which are 0, 1, 2, and >2, as well as Features of coloproctological outcomes with into hemorrhoid patients for pregnant women which History of hemorrhoids, Current perianal discomfort, Current perianal pain, Current perianal bleeding Current perianal lumps, History of perianal operations, and Family history of perianal disease, and Features of previous delivery outcomes with into hemorrhoid patients for pregnant women which get on Did not give birth, Vaginal delivery, and Caesarean delivery where can be seen in Figure 1, Figure 2, and Figure 3.

This paper was also examined of pregnancy outcomes with into hemorrhoid patients for pregnant women were had Newburn weight (kg), Newburn height (cm), and Head circumference (cm). It also studied examinations of birth of newborn outcomes with into hemorrhoid patients for pregnant women, where include Vaginal birth without assistance, Vaginal birth with assistance, and Caesarean delivery, which can be cleared in Figure 4 and Figure 5.

To further of results, this paper was evaluated of the rate of hemorrhoids in basics of Hemorrhoids rate (ITT) and Hemorrhoids rate (PP) and rate of spontaneous miscarriages in basics of Spontaneous miscarriage rate (ITT) and Spontaneous miscarriage rate (PP) into outcomes into hemorrhoid patients for pregnant women, which can be shown in Figure 6 and Figure 7.

RESULTS

Table 1: Distributions of hemorrhoid patients for pregnant women based on age

N	V	64
	Mi	0
M		32.5000
SM		.58078
Me		32.5000
Mo		25.00 ^a
SD		4.64621
Var		21.587
Sk		.000
SES		.299
Ra		15.00
Min		25.00
Max		40.00
S		2080.00

Table 2: Distributions of hemorrhoid patients for pregnant women based on BMI

		F	P(%)	VP (%)	CP (%)
V	<26.5	30	46.9	46.9	46.9
	>26.5	34	53.1	53.1	100.0
	T	64	100.0	100.0	

Table 3: Distributions of hemorrhoid patients for pregnant women based on marital status

		F	P(%)	VP (%)	CP (%)
V	Married	45	70.3	70.3	70.3
	Single	19	29.7	29.7	100.0
	T	64	100.0	100.0	

Table 4: Examinations of characteristics baselines into hemorrhoid patients for pregnant women based on physical activity

		F	P(%)	VP (%)	CP (%)
V	Enough	26	40.6	40.6	40.6
	Too low	38	59.4	59.4	100.0
	T	64	100.0	100.0	

Table 5: Examinations of characteristics baselines into hemorrhoid patients for pregnant women based on symptoms

		F	P (%)	VP (%)	CP (%)
V	aching anus	10	15.6	15.6	15.6
	hard lumps near the anus	12	18.8	18.8	34.4
	itching around the anus	18	28.1	28.1	62.5
	Prolapsed hemorrhoid	9	14.1	14.1	76.6
	Rectal bleeding	15	23.4	23.4	100.0
T	64	100.0	100.0		

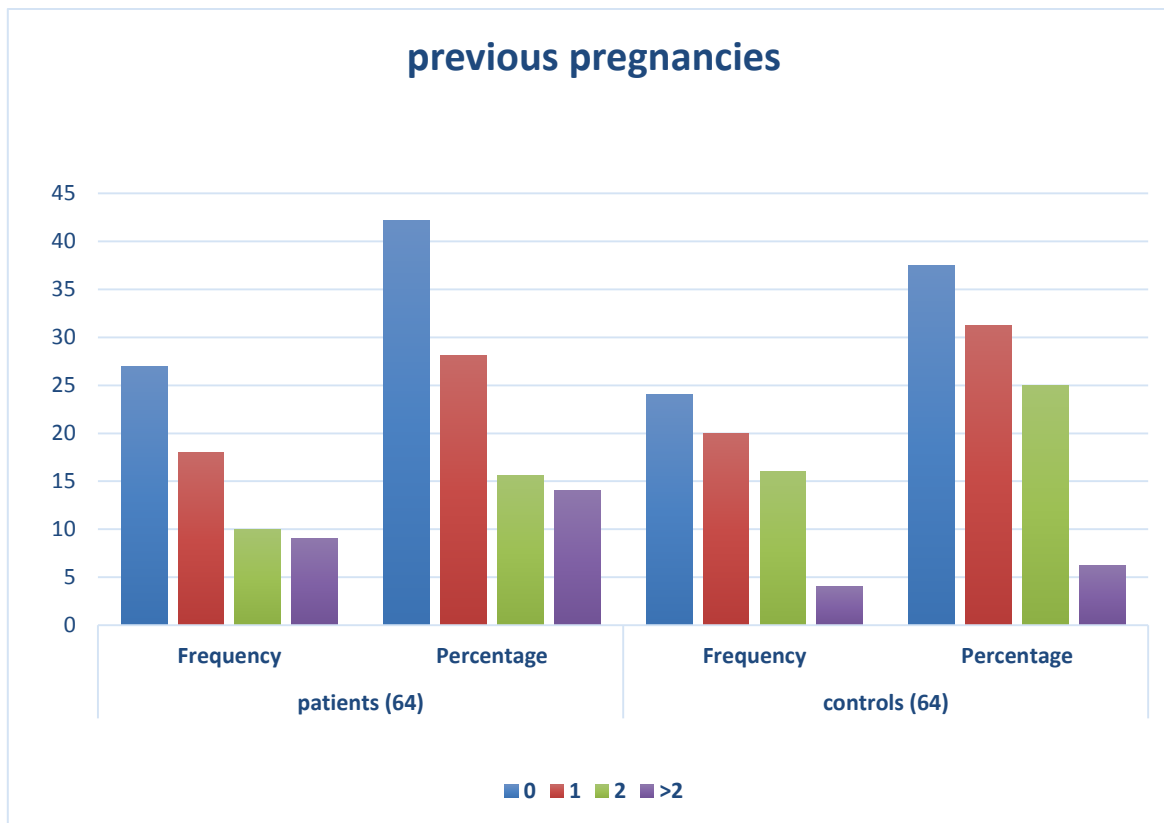


Figure 1: Changes of the number of previous pregnancies into hemorrhoid patients for pregnant women.

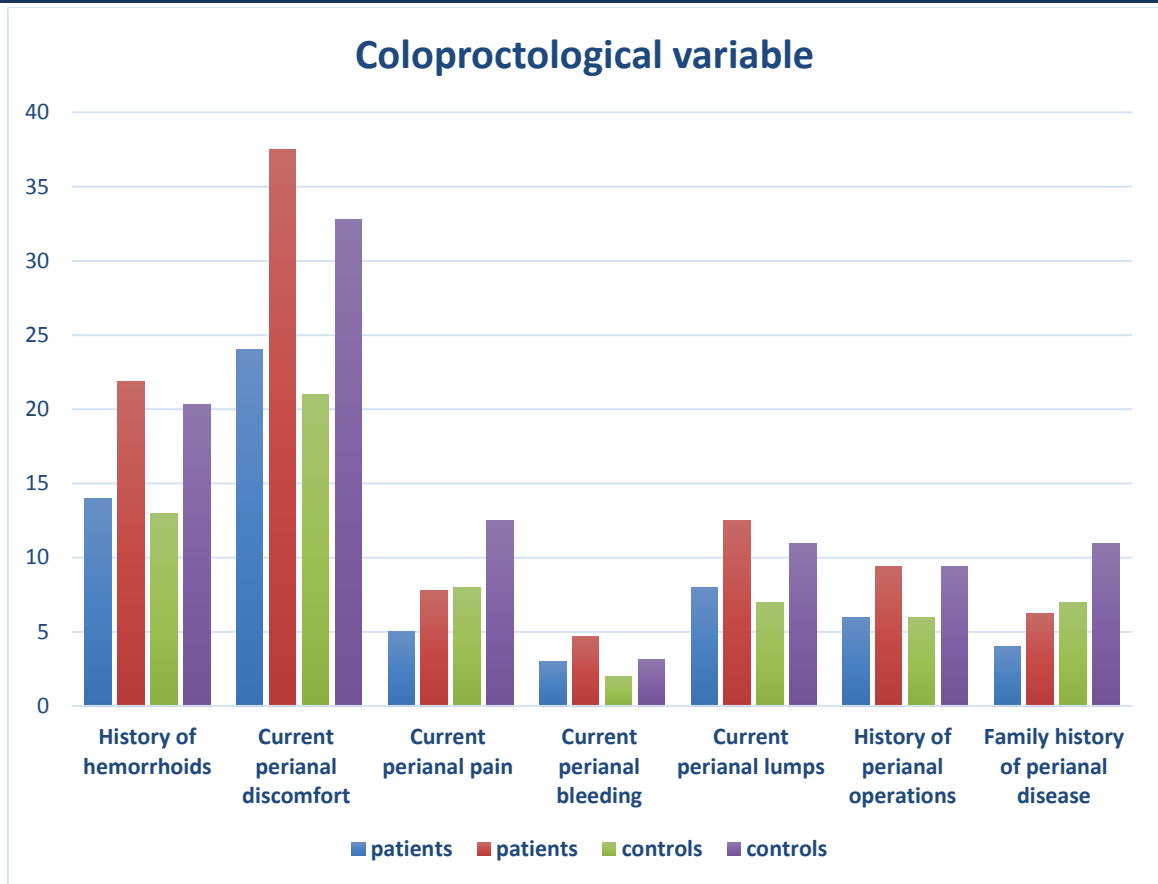


Figure 2: Features of coloproctological outcomes with into hemorrhoid patients for pregnant women

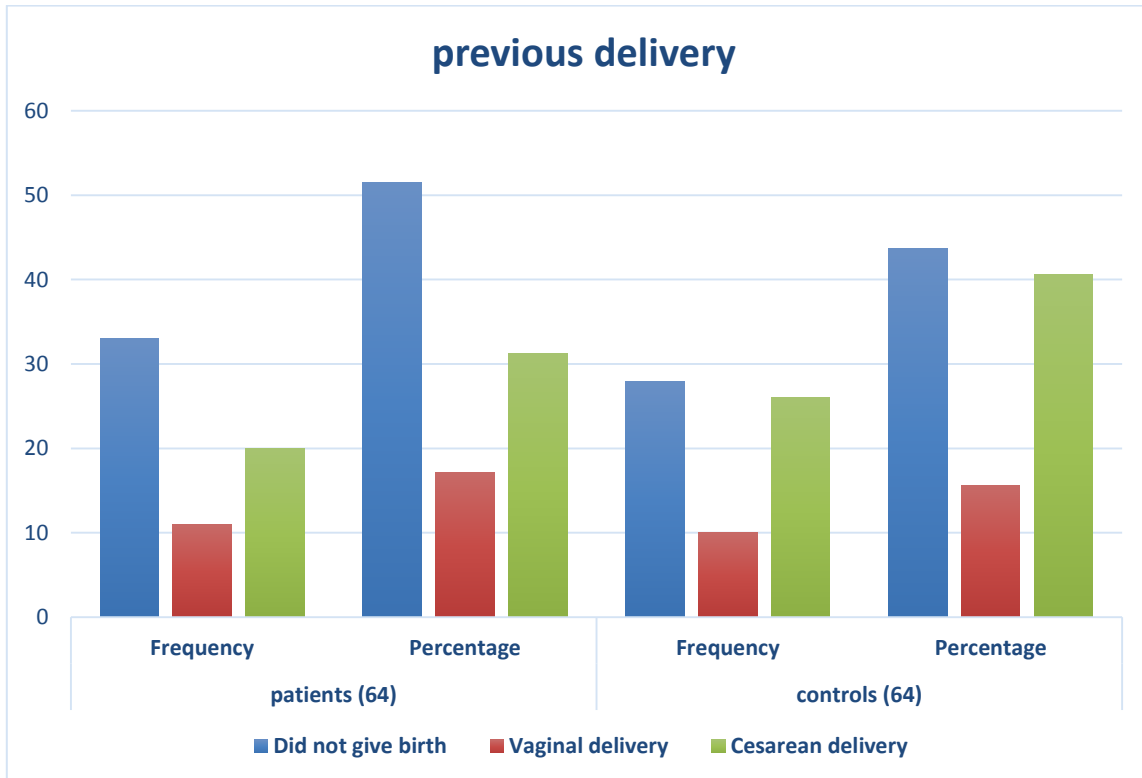


Figure 3: Features of previous delivery outcomes with into hemorrhoid patients for pregnant women

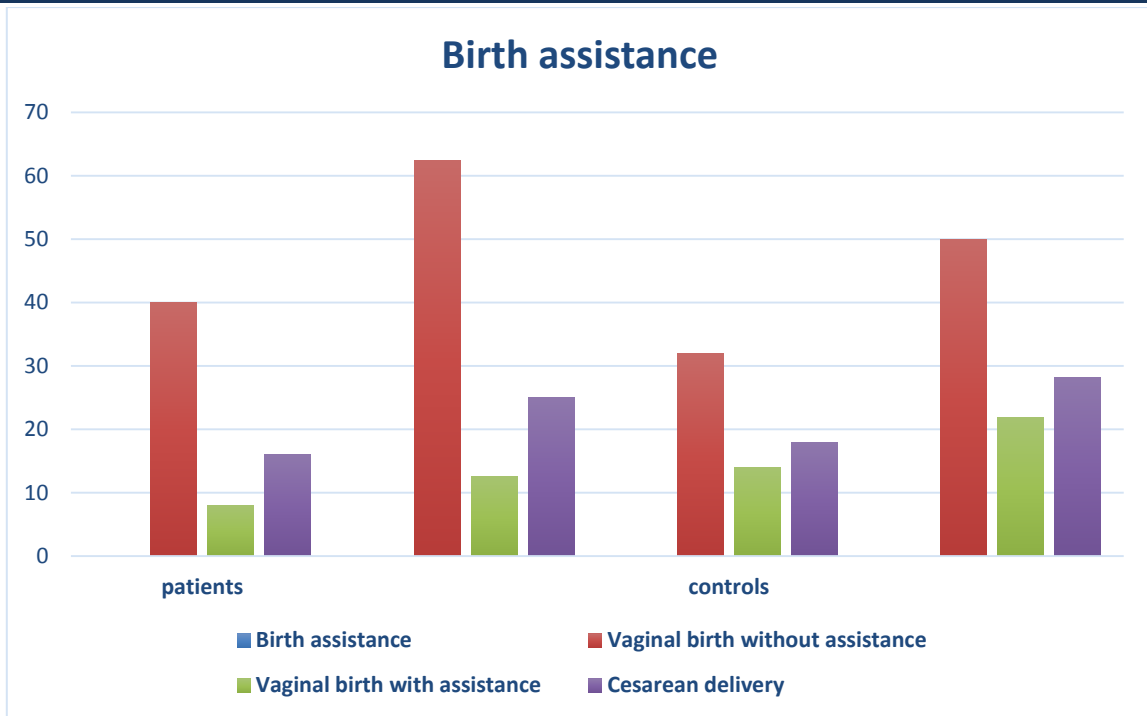


Figure 4: Examinations of pregnancy outcomes with into hemorrhoid patients for pregnant women

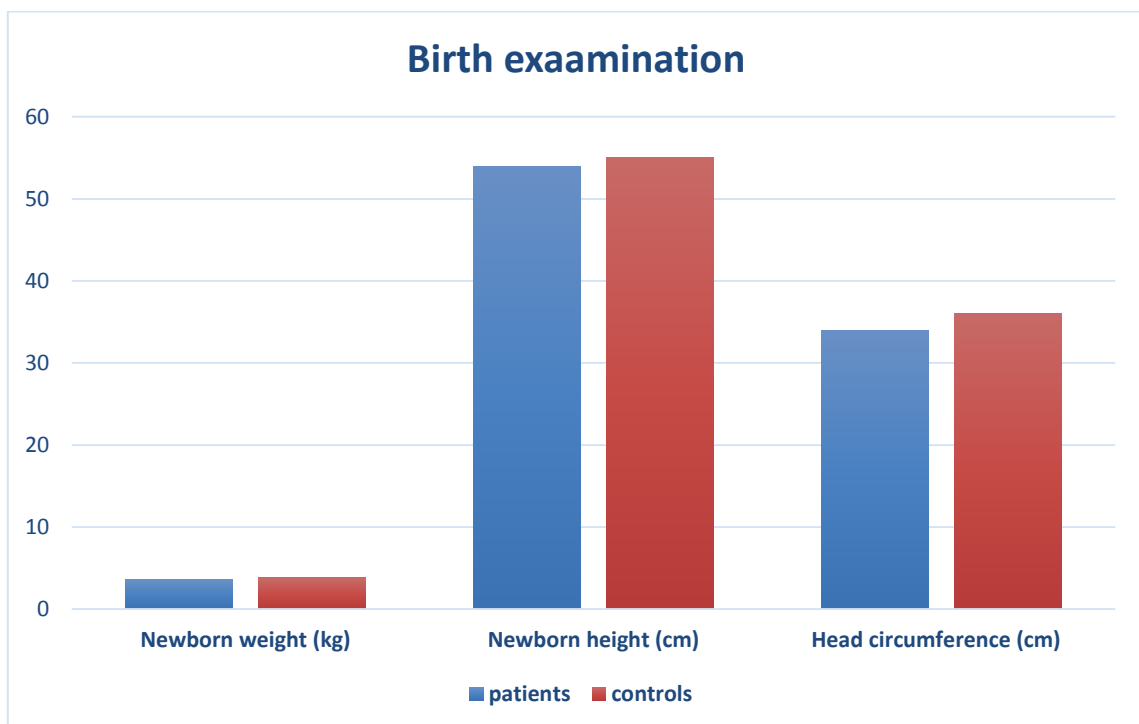


Figure 5: Examinations of birth of new-born outcomes with into hemorrhoid patients for pregnant women.

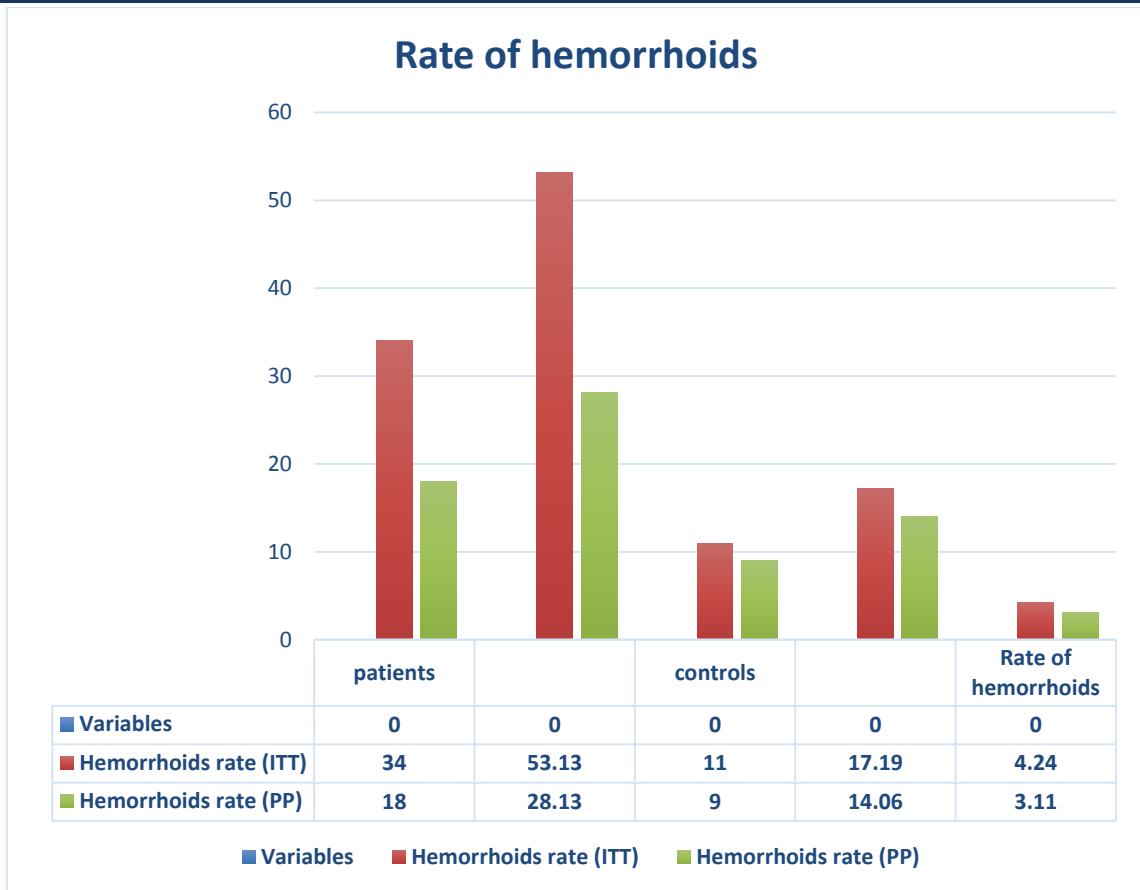


Figure 6: Evaluations of the rate of hemorrhoid outcomes into hemorrhoid patients for pregnant women.

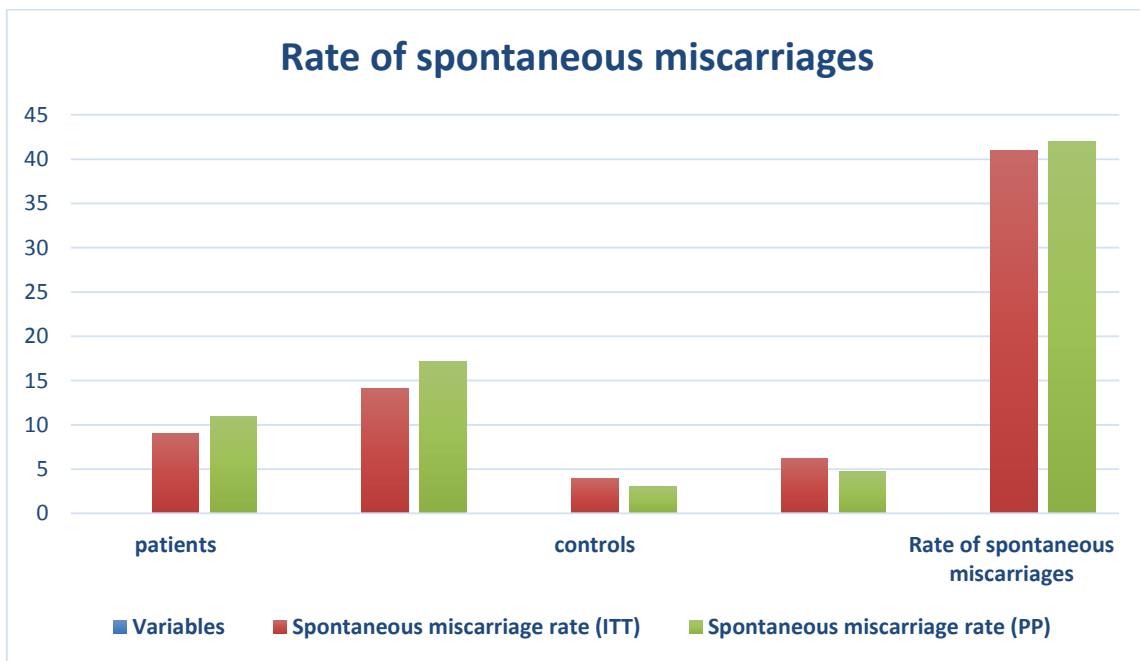


Figure 7: Evaluations of the rate of spontaneous miscarriage outcomes into hemorrhoid patients for pregnant women

DISCUSSION

According to our findings, either ITT or PP analyses revealed that this intervention reduced hemorrhoids by about 60% of the overall rate. The

prevalence of hemorrhoids following giving birth for the patient’s category (ITT-41%; PP-42%) was consistent with Poskus et al.'s observed rate of 40.7% in a comparable population.

Implications for clinical and research Pregnant women are a particularly susceptible demographic. Consequently, the safety of patient group interventions was critical. We selected to examine the miscarriage rate to demonstrate whether it failed to result in poor pregnancy outcomes. The miscarriage incidence did not change substantially across groups, and patients weren't reporting any extra adverse effects that may be linked to the impact of an intervention. On research analysis, we discovered that a history of perianal illness as well as newborn height represented independent risk factors for developing hemorrhoids after delivery. [Wolff, B.G. et al., 2007]

The only preventive factor that significantly reduced the probability of hemorrhoids was in the control group. Our findings are comparable to those published by Ferdinande et al. and Poskus et al. [Avsar, A.F. et al., 2010; Mirhaidari, S.J. et al., 2016], who discovered that a history of perianal illness is strongly related with an increase in hemorrhoids during pregnancy. However, we did not discover that constipation before to the first trimester was linked to hemorrhoids after birth. Our intervention included dietary and behavioural adjustments, which are also advised for conservative hemorrhoid therapy in non-pregnant patients.

CONCLUSION

Due to the comparatively low miscarriage as well as hemorrhoid rates, small variations between research groups might have been ignored. Yet, the miscarriage rate was the most recognized result for assessing the safety of different prenatal procedures. Finally, our proposed method, which aims to change dietary and behavioral patterns, dramatically lowers the risk of hemorrhoids throughout pregnancy and may be safely advised to pregnant women.

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