Effects of the introduction of a consensual medical-surgical protocol of care governing haemorrhoidectomy in spinal cord injured patients

M. Dréau a,*, M. le Fort a, J.-J. Tassou a, P. Hemery b, P. Petit c, C. Cordonnier c, G. Meurette c, P. Kieny a, B. Perrouin-Verbe a

a Service de chirurgie digestive et endocrinienne, CHU de Nantes, Nantes, France
b Service de médecine physique et de réadaptation neurologique, CHU de Nantes, 85, rue Saint-Jacques, 44093 Nantes cedex, France
c Service de médecine physique et de réadaptation neurologique, hôpital Henry-Gabrielle, CRIS laboratoire P3M, hospices civils de Lyon, université de Lyon-1, 20, route de Volesles, 69230 Saint-Genis-Laval, France

E-mail address: elodie.dreau@yahoo.fr

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Objective.– Digestive dysfunctions are common in spinal cord injured patients (SCIp), with a significant impact on their quality of life. Defecation difficulties often lead to an extended time daily for stools exemption. This is one of the causes of development of an hemorrhoidal disease in this population. The objective of this study was a comparison of the management before and after the implementation of a healthcare protocol governing the postoperative period that was entirely performed in a PRM department.

Patients and methods.– Retrospective monocentric study carried out from the medical file of SCIp who were hospitalized in the neurological PRM department of Nantes’ University hospital and who underwent an hemorrhoidectomy between March 2007 and March 2013. Anamnestic, clinical neurological examination, course of the hospitalization (duration of bed confinement and stay, type of surgery, complications) and follow-up were recorded. They were compared according to the period of introduction of the protocol.

Results.– Thirteen patients were studied, 5 pre (Pp) and 8 subsequent (Up) to the implementation of the protocol. Hospitalization duration was similar between the two groups. In the Pp group, two presented a major hemorrhagic episode while none occurred in the Up group. The relationship between patients and the healthcare team has been improved by the clarification provided by the protocol. “Up group” patients always sat back in their wheelchair beyond the 10th day and the resumption of a controlled transit was the determining factor for discharge.

Discussion.– The indication of an hemorrhoidectomy in SCIp remains cautious. The epidemiology is ill-defined despite the impact of digestive disorders in this population. In the context of a spinal unit of the University Hospital of Nantes, surgery is organized as a medical-surgical network which led to the writing of a consensual protocol between proctologists and rehabilitation physicians. Besides the supervision of bedridden patients and then reinstallation in their wheelchair, the two main objectives of this protocol were monitoring the risk of bleeding by the eschar fall period and management of laxative treatments. This