

When Should be Apply Interventional Approach to Benign Anorectal Diseases

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Received: July 17, 2019; **Published:** July 18, 2019

Benign anorectal diseases are hemorrhoid, anal fissure and fistula. Interventional treatment's time is very important to these diseases. When and where Interventional treatment should be applied to these patients? if we find the right answer to this question, we can be beneficial to the quality of life of patients in the long term. Otherwise, patients will be deprived of proper treatment. In unnecessary and untimely treatment, the anatomical structure deteriorates and the problems increase. This condition is especially very important in young patients. What to do?

Treatment of these diseases are conservative (life culture), medical and interventional (non surgery and surgery). Which method should be applied first?

To hemorrhoid, Firstly, Grade of the hemorrhoid must be determined. The patients who had low grade of the hemorrhoid must be conservative (life culture) treated. The aim should be to prevent the growth of the disease's grade. Interventional procedures should not be performed, especially if the patients are young and female. The patients who had high grade of the hemorrhoid must be evaluated by specialist surgeon. Interventional treatment should not done until the patient must evaluated by specialist surgeon. If the patient in this group is female and will become pregnant in the future, no interventional procedure should be performed.

The acute anal fissure should be treated medically. Analgesic drugs should be given to the patient to make the disease more chronic. The chronic anal fissure should be treated interventionally if the patient had intense pain. Inflammation-enhancing method should not be used as an interventional method. Because it causes anal stenosis in the long term.

Anal fistula should be treated interventional. Classification is very important in the treatment of anal fistula disease. Coil pelvic magnetic resonance (MR) should be performed in all patients. During the intervention, Identification of the fistula tract is essential for the success of treatment. Sphincter preservative method should be preferred. These methods patients do not much prefer. However, patients should be well informed about the benefits of the method.

Otherwise, anal fistula is a complication of perianal abscess. If the abscess is treated with the correct surgical method, fistula formation may be prevented. these patients should be referred to the surgeon as soon as possible.

For a good result; true time and true method are touchstone at the treatment of benign anal diseases at the long term.

Volume 6 Issue 8 August 2019

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