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Summary

MILLIGAN AND MORGAN IN THE MANAGEMENT OF HEMORRHOIDAL DISEASE: PROCTOLOGY UNIT EXPERIENCE

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Colorectal

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A 12-year retrospective study of 468 patients undergoing Milligan and Morgan hemorrhoidectomy for stage III and IV hemorrhoids reports outcomes and complications.

KEY POINTS

- 468 patients with stage III (57%) and stage IV (43%) hemorrhoids underwent open pedicle Milligan and Morgan hemorrhoidectomy between January 2011 and January 2023
- Anemia was present in 72.8% of patients with mean hemoglobin 7.8 g/dl; 14% required transfusion for severe anemia below 7 g/dl
- All patients experienced postoperative pain; urinary retention occurred in 6.6%, significant bleeding requiring electrocoagulation in 0.5%, and minimal bleeding in 25%
- Late complications included delayed healing in 1.9% and anal stenosis in 1%, with stenosis significantly associated with absence of postoperative digital rectal examination (p=0.03)
- The authors conclude that Milligan and Morgan hemorrhoidectomy remains the gold standard treatment with satisfactory long-term results, though anal stenosis is the most serious complication

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