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HOSPITAL
We'll Treat You Well



PLEASE SCAN FOR
THE LOCATION

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Mankhool, Kuwait Road, Al Mankhool - Dubai

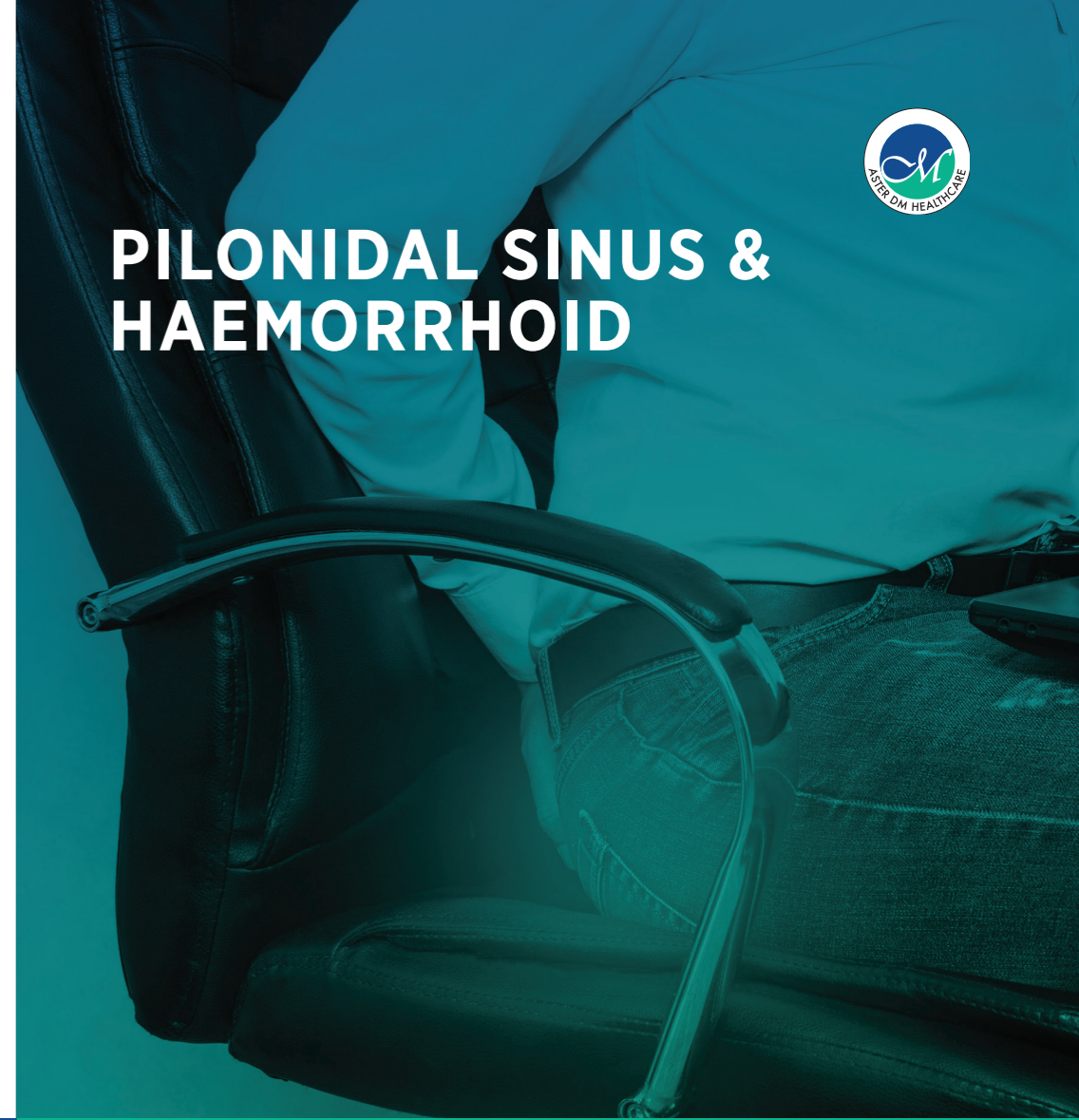
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DEPARTMENTS

Accident & Emergency • Anesthesiology • Cardiology • Clinical Nutrition
Dental Centre • Dermatology • ENT • General Surgery • Insurance
Internal Medicine • Laboratory Services • Neurosurgery • Ophthalmology
Obstetrics & Gynaecology • Orthopedics • Patient Affairs



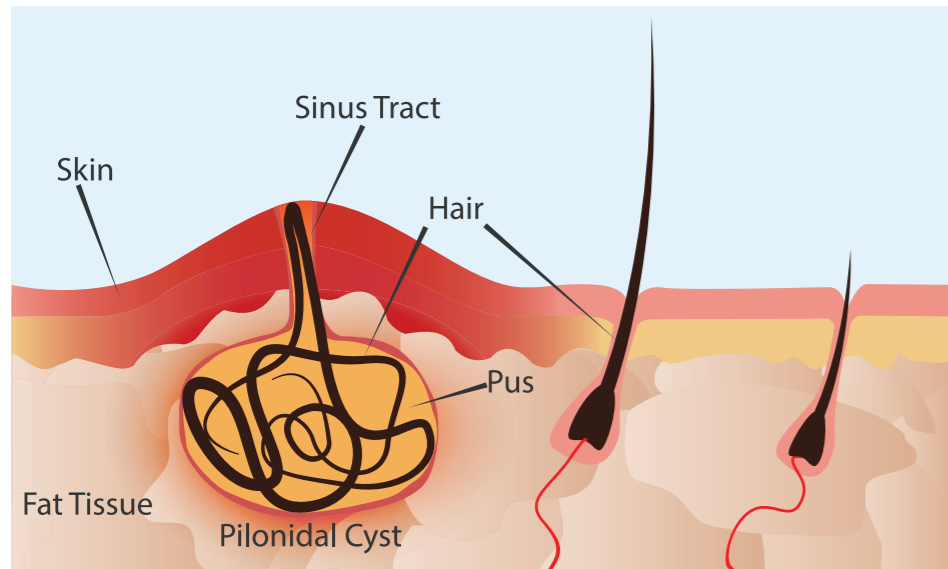
PILONIDAL SINUS & HAEMORRHOID



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Digital Version



WHAT IS PILONIDAL SINUS?

While the cause of pilonidal disease is not completely known, most doctors believe it to be caused by hairs becoming embedded into the skin. The word pilonidal means “nest of hair,” and the cyst sometimes contains hair follicles.

Tight clothing, bicycling or sitting for long periods create friction and pressure. This may push the hair down into the skin. The body then responds to the hair as a foreign substance and a cyst forms around it.

TREATMENT OF PILONIDAL SINUS

If the pilonidal sinus disease is diagnosed at an early stage, and you don't have severe pain, the doctor will prescribe an antibiotic. While this will not heal the sinus tract, it provides relief from the infection and discomfort.

You will need to visit your doctor for follow up checks, regularly remove hair from that region, and be particularly careful about hygiene. If you have a

recurring Pilonidal sinus or if you have more than one sinus tract, your doctor may choose to conduct a non-surgical procedure called EPSiT - Endoscopic Pilonidal Sinus Treatment:

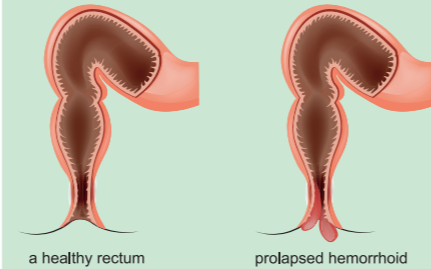
- No pain
- Shower the same day of surgery
- Normal activities from the day after the operation
- Very low recurrence rate
- Tiny and nearly no visible scar (5mm)

If you have a recurring Pilonidal sinus or if you have more than one sinus tract, your doctor may choose to conduct a surgical procedure (wide excision & primary repair with flap repair). The surgeon will open the lesions, and remove all of the pus and debris, then stitch the wound closed. This will be done under local anaesthesia.

While the healing time is shorter with this option, the risk of recurrence is higher. The incision to the side of the cleft of the buttocks takes particularly long to heal. The care of the wound after the surgery

and removal of hair from that region is extremely important to make a full recovery.

WHAT ARE HEMORRHOIDS?



Hemorrhoids are also known as piles, which are swollen veins located around the anus or in the lower rectum and result in painless rectal bleeding.

Anal fissure is a cut or tear occurring in the anus that extends upwards into the anal canal. It occurs in the specialized tissue that lines the anus and anal canal, called anoderm. It causes severe anal pain on defecation with some bleeding.

WHAT CAUSES HAEMORRHOIDS?

Typically, an increase in the pressure in the lower rectum can lead to haemorrhoids. This may be due to:

- Chronic constipation or diarrhea
- Pregnancy and vaginal delivery
- Straining when passing stool
- Lifting heavy loads
- A diet low in fibre
- Sitting on the toilet for a long duration
- Obesity
- Anal intercourse

DIAGNOSTIC OF HAEMORRHOIDS

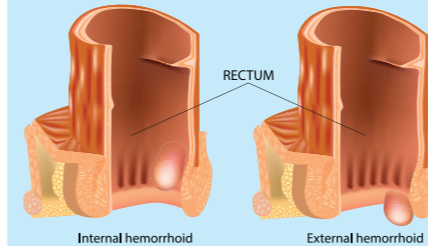
Doctors use diagnostic tests to determine the correct line of treatment for your haemorrhoids, such as:

High Resolution Anoscopy: To examine the anus for abnormal cells which may turn cancerous

Self-management of haemorrhoids as the first line of treatment

You can reduce your chances of getting haemorrhoids and also manage your symptoms if you make a few changes to your diet and lifestyle such as:

- Eating a high-fibre diet to keep the stools softer and easier to pass so as to reduce the pressure on the veins in your anus caused by straining
- Consuming 6 to 8 glasses of water and non-alcoholic liquids every day
- Reducing excessive intake of tea and coffee
- Being active and exercising as it prevents constipation, lessens stress on veins and reduces obesity



MEDICAL INTERVENTION FOR TREATMENT OF HAEMORRHOIDS

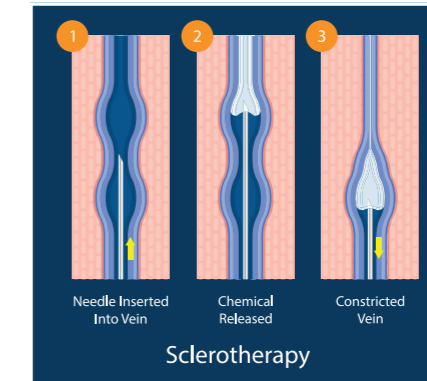
Laser treatment: The veins feeding the hemorrhoids are coagulated by laser or infrared light or heat. This can be performed as an outpatient procedure

Radio frequency ablation: Is effective in the management of early stage haemorrhoids in which bleeding is the main symptom

Rubber banding: Rubber bands are placed at the base of the internal haemorrhoids in order to cut off the blood supply and cause the hemorrhoid to fall off

Stapler treatment: This procedure involves the use of a special stapling device to remove a doughnut of the rectal lining. The bulging internal haemorrhoids are pulled back into the anus. This is performed in an operation theatre

Sclerotherapy: In this procedure, a chemical called a sclerosing agent is injected into the internal haemorrhoids. This leads to the creation of scar tissue that fixes the internal haemorrhoids in place



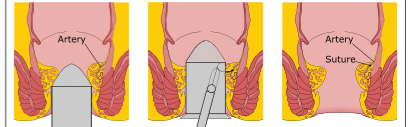
MINIMALLY INVASIVE MODERN INTERVENTIONS

Trans-anal Hemorrhoidal Dearterialization (THD) or Haemorrhoidal Arterial Ligation - Recto Anal repair (HAL-RAR)”: Is a Doppler Guided Treatment that is less painful, affords faster recovery and does not create an anal wound as it's performed without a traditional surgery. Also, Mucopexy is usually performed with TDH. Your surgeon will make a stitch around and through the length of the haemorrhoid. Both the ends (top and bottom) of the stitch are tied together, pulling up and strangulating the haemorrhoid. It's a relatively pain free procedure and the patient can leave the hospital on the same day.

Trans-anal minimally invasive surgery

(TAMIS): A specialized device is placed inside the anal canal to provide the surgeon access to the rectum. A high-definition camera and laparoscopic instruments are placed through the TAMIS device, allowing the surgeon to operate with the utmost precision.

TRANSANAL HEMORRHOIDAL DEARTERIALIZATION



A unique circular stapler reduces the degree of prolapse by cutting an annular mucosal band from the proximal anal canal.