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PREGNANCY AND ANAL HEALTH: UNDERSTANDING AND ADDRESSING HAEMORRHOIDS AND FISSURES

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ABSTRACT:

Anal fissures and haemorrhoids are frequent during pregnancy and can have a serious negative impact on a person's quality of life. Anal fissures and haemorrhoids affect approximately 40% of expectant mothers and postpartum women. They typically happen one or two days after giving birth and in the third trimester of pregnancy. Pregnancy-related constipation, perianal disorders from prior pregnancies and deliveries, instrumental delivery, straining for longer than 20 minutes, and a new-born weighing more than 3800g are all linked to haemorrhoids. Perianal diseases reduce the quality of life of both pregnant and postpartum women. In the absence of acute conditions, surgical treatment of haemorrhoids is delayed after pregnancy, childbirth, and lactation .HAF affect almost half of the pregnancies. Anal fissures or prenatal haemorrhoids were substantially correlated with age over 35 years old. Interestingly, most people (64%) handle their own diagnosis and treatment without consulting a physician or getting advice from one. The fact that 45% of patients' symptoms disappeared after a few days was encouraging in terms of the disease's normal progression. Counselling individuals who exhibit upsetting symptoms will benefit from this. Most patients found that conservative treatments including taking more bath salts, increasing their fluid intake, and increasing their dietary fiber were helpful in reducing their symptoms.

KEYWORDS: anal fissure, haemorrhoids, constipation, pregnancy

INTRODUCTION:

Although pregnancy is a physiological condition, pregnant women go through significant changes in their anthropometry, body composition, metabolism, and psychological state in addition to changes in their internal and exterior organs. These modifications have the potential to both initiate and reactivate pre-pregnancy chronic illnesses. Pregnant women often experience haemorrhoids and anal fissures (HAF), which can lower the quality of life for those who have them[2]. Following delivery, peri-anal symptoms are reported by about one-third of women.[3]Numerous studies using population questionnaires provide solid evidence for this. A few studies have assessed the true identification of the nature of peri-anal discomfort in women in the last trimester of pregnancy or during the puerperal period. Self-diagnosis of peri-anal disorders is highly erroneous.[4] Anal cushions are typical parts of the human anal canal.[5] Above the dentate line, they are made up of connective tissue, smooth muscle fibers, blood vessels, and a thicker submucosa.[6] The condition known as haemorrhoids can cause vascular space thrombosis, prolapse, or bleeding from the cushions.[7] There are two kinds of haemorrhoids: internal and external.[8] Vascular areas covered in endoderm beneath the dentate line are known as external haemorrhoids. Internal haemorrhoids are defined as enlargement and/or clinical signs that appear in anal cushions above the dentate line. They have minimal innervation and are coated in columnar epithelium. Even when they bleed or prolapse, internal haemorrhoids typically cause little pain.[9]The only extremely painful internal haemorrhoids are those caused by strangulation and thrombosis. Palpation can reveal the presence of external haemorrhoids. Internal and external haemorrhoids frequently coexist. [10] A painful and unsettling condition that affects a large portion of the global population is fissure in ano. Severe anal pain is most frequently caused by an anal fissure. It is also among the most frequent causes of perineal hemorrhage in new-borns and early children. Patients may be unable to defecate for days at a time until it becomes necessary due to the severity of the condition. There are two types of fissures in ano:(1) Acute or superficial fissures and (2) Chronic fissures. Men and women have anal fissures posteriorly in the midline, accounting for about 90% of cases. 10% of patients have anterior fissures; they are more common in women. Certain mechanical factors contribute to the development of haemorrhoids during pregnancy. Especially in the second half of the pregnancy, the developing uterus causes increased abdominal pressure in addition to mechanical pressure to the portal vein, inferior vena cava, and upper part of the rectum. This causes venous stasis to develop. Blood flow to the internal anal sphincter consequently declines[11]. Additionally, the volume of blood in circulation rises by 25–40% during pregnancy. These elements cause venous stasis and vascular dilatation in the pelvis. Hormonal variables also contribute significantly to the development of haemorrhoids by relaxing the vein walls and increasing their susceptibility to swelling.[12]

Predisposing Factors: It has been demonstrated that constipation is the only factor that can cause a fissure to begin. Hard stool passage, dietary irregularities, eating spicy or pungent food, bad bowel habits, and poor local cleanliness can all lead to the development of the disorder. The condition typically strikes females during pregnancy and after giving birth.[13] The second most often reported gastrointestinal complaint during pregnancy is constipation.[14] Previous research found that between 11% and 38% of expectant mothers experience constipation. Constipation during and after pregnancy is a common condition, yet it is frequently ignored.[15] Constipation during pregnancy can have a variety of causes, including nutritional, medical,

physiological, and anatomical issues that manifest as anorectal issues. While pressure from the gravid uterus on the recto sigmoid colon may induce obstructive symptoms during the last trimester, progesterone-driven hormonal effects on gut motility typically cause constipation symptoms in the first trimester, causing delayed transit constipation. [16]Research on animals has indicated that the administration of sex hormones during pregnancy results in opioid antinociception[17]. Additionally, relaxin, a hormone that relaxes the cervix and symphysis pubis, has been shown to reduce ileal smooth muscle contractions, which in turn slows small bowel transit.[18]

Symptoms

Perianal illnesses were most commonly characterized by pain, discomfort, itching, nodules, burning, mucus in the anus, and bleeding from the anus. Constipation during pregnancy can happen at any moment and manifests as both difficulties passing gas and frequent bowel motions.[19] There have been reports of both chronic or on-going constipation and intermittent constipation. Constipation is typically indicated by any two of the following six symptoms: straining, hard or lumpy stools, a feeling of incomplete evacuation, anorectal obstruction/blockage, manual defecation maneuvers, and fewer than three spontaneous bowel movements per week for a minimum of one month. Medication history is significant since some medications might exacerbate constipation, particularly those that alter motility and iron and calcium levels.[20]

Aim

This study aims to raise awareness, educate, and promote appropriate self-care while highlighting the prevalence and effects of anal fissures and haemorrhoids (HAF) on pregnant and postpartum women. In order to enhance maternal health and well-being, it emphasises the significance of prompt intervention and medical assistance.

Materials and Methods

We have included a number of references from our old Ayurvedic literature such as Sushruta Samhita , Dalhana Teeka. Furthermore, contemporary publications like Jaypee Brothers Medical Publishers, Atlas of General Surgery, Surgery of the Anus, Rectum and Colon, and Baily and Love's Short Practice of Surgery have been used as literary materials.

Discussion

Anal bleeding, which frequently happens during the day and occasionally after feces, is a simple way to identify an anal fissure, which is caused by a breach in the anal canal. [21]There are two types of cases: acute and chronic. Acute cases have pain and bleeding right after defecation, whereas chronic cases have less discomfort and more bleeding and swelling .Certain places have a significant impact on the posterior mid region of the anus and are prone to its growth. Its depth is also subject to variation; it may be deep within the sphincter muscles or superficial. The muscles of the internal sphincter spasm when there are deep cracks, which reduces blood flow and delays the healing of broken tissues.[22] Particularly over the prenatal period, haemorrhoids can develop on their own or as a result of anal fissures. Both men and women have been found

to have haemorrhoids, with pregnant women showing a higher frequency than the general population[23]. A sedentary lifestyle, an imbalanced diet, and inadequate water intake are suggested to be contributing factors to the illness, while the precise cause is yet unknown. Haemorrhoids can also occur during pregnancy as a result of constipation, an increased blood flow, and the weight of the fetus placing undue strain on the lower digestive tract.[24] In certain cases, the anal canal becomes infected for a variety of reasons. For example, some women experience fissures after giving birth because of the weight of their new-borns, post-partum incontinence, and prolonged labor pain.[25] the pain, bleeding after stools, irritation, and itching in the surrounding area that are indicative of active haemorrhoids. The precise recommendations related to diet and lifestyle adjustments. Throughout the pregnancy, they must also consume a high-fiber diet and use laxatives as suggested by their doctors to prevent problems and complications both during and after the delivery process.

Conclusion

For many pregnant and postpartum women, anal fissures and haemorrhoids (HAF) are common, upsetting conditions that have a major impact on their quality of life. Pregnancy-related physiological changes like constipation, hormone imbalances, and elevated abdominal pressure from the expanding uterus are frequently associated with these illnesses. As a result, the demands of labour and the postpartum period can make pregnant women's discomfort worse. This discomfort can range from minor irritation to severe pain and bleeding. The necessity for increased education and knowledge regarding haemorrhoids and anal fissures during pregnancy is underscored by the prevalence of these disorders and the fact that many women handle their symptoms without seeking medical advice. It's important to stress the value of appropriate self-care and the possible need for medical intervention if symptoms worsen or continue, even though the majority of cases are self-limiting and can be resolved with conservative treatments like warm baths, hydration, and increasing dietary fibre while anal fissures and haemorrhoids are common during pregnancy, they are manageable with timely intervention and conservative treatment. Educating women about the causes, symptoms, and available treatments can help reduce the discomfort associated with these conditions and improve overall maternal health during pregnancy and the postpartum period. The emotional and physical impact of HAF on expectant and new mothers can be minimized with the right preventive measures, prompt treatment, and support from healthcare providers.

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