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Opinion

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Quality of life patients with anorectal disorders

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Nowadays, assessment of treatments effectiveness carried out by different methods. About 20 years before due to clinical signs we can make a decision about the severity degree of disease, patients health status. However, now it is not enough. The most important lack of this approach is that in this situation patient's opinion is neglected. Development of medicine, changing of relationship between patients and doctors give birth to a new direction: unilateral approach replaced by mutual cooperation both of sides. Until the last decades of XX century all treatment results, both conservative and surgical, were evaluated due to the clinical, laboratory and instrumental investigations. As officials defined by the World Health Organization, health is a state of complete physical, mental and social wellbeing [6]. So, during the patient's conditions assessment all these parameters should investigate. Firstly, Errington in 1966 gave an idea about using quality of life for the describing disease effects. Officials this terming in medicine was established in 1977 [3]. Since that time "Quality of life" used widely in the medicine. Today this is one of the common, convenient and informative methods, which allow physicians assess the patient's status by following the main rule of medicine- to treat the patient, not the disease [2,4,5]. Its advantages are:

Comprehensiveness - it covers all aspects of health

Dynamism- allow to monitoring patients status
Patients participation- this is the main benefit.

The best way to study quality of life is questionnaires' which filled by patients. There are two types of questionnaires: general (EuroQol -EQ-5D; MOS SF-36 and its modifications SF-22, SF-20, SF-12; Quality of Well-Being Index; Sickness impact profile; Nottingham Health Profile Quality of Life Index) and special (Irritable Bowel Syndrome Quality of Life (IBS-QoL); Inflammatory Bowel Disease Quality of Life (IBDQ); Quality of duodenal Ulcer Patients (QLDUP); Quality of life Reflux and Dyspepsia (QOLRAD); Gastrointestinal Quality of Life Index y- (GIQLI); Gastrointestinal Symptom Rating Scale (GSRS)). We have done a research about the treatment of patients with acute hemorrhoidal thrombosis. In our practice we use active surgical management by applying individual approach for each patient: we offer the time and the type of hemorrhoidectomy to choose depending on local inflammatory signs. So, it was interesting to assess patient's quality of life at different times after the surgery. On this occasion was created a new questionnaire for patients with anorectal disorders-Quality of life index at patients with anorectal disorders.

Why we did not use any ready questioner? According to some factors it was impossible to use. First of all, there is not any form on our native Azerbaijanian language and not all our patients know English or another language. The second reason is, that patients after anorectal operations have special complains and they need in specific postoperative care. We should assess the function of anal sphincter and its anatomical statement, the healing of postoperative wounds. There are different questionnaires, which cover separately each of these aspects. But we could not find one, which include at the same time all this detail. That is why we decided to create a new questionnaire-Quality of life index after anorectal operations. It consists of 25 questions, which cover the condition of anal sphincter, perianal wounds, the severity of pain both in abdomen and in penal area, patient's social status, as well as psychologic. We divided all questions in these parts: disease related symptoms, physical status, social status, psychological status. The last question is about the signs of disease recurrence, so we can observe how many patients feel the returning of disease symptoms at different periods after hemorrhoidectomy. Answers to each question can be evaluated from 0 to 4 points. Theoretically possible maximal this index may be 100 points. Firstly, this questionnaire was applied to healthy persons and the dates were statistically processed by using t-test method and different formulas for assessing its correlation and regression. So, we have information about the rates of this quality of life index at healthy person. And it is not 100!!! The quality of life index according to our questionnaire is $85,6 \pm 1,66$. As can be seen from the completed questionnaires, nowadays, many people have defecatory problem. We used this index for assessing the results of surgical treatment patients with acute haemorrhoids. However, it can be easily applied to the patients with another benign anorectal disorders before and at different times after the treatment. Bu assessing anorectal quality of life index can be revealed people with hidden anorectal disorders.

Conclusion

1. Quality of life index is one of the most reliable methods for the assessment the effectiveness of any management
2. This questionnaire is a new tool for assessing quality of life at patients with anorectal disorders both before and after the treatment.
3. It can be used at "healthy persons" for bringing out those, who suffer from disease of the colon, rectum and anus.

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