Abstract

Introduction. Perirectal block using four puncture places has been classically described for rectal surgery. Objective. This paper was aimed at showing the quality of anesthesia and postoperative analgesia using a new two-puncture-site technique. Materials and methods. Patients scheduled for ambulatory rectal surgery between January/2003 and December/2007 were included consecutively. The new two-puncture technique was used. Alternative anesthetic management and level of postoperative pain requirements were evaluated (rated visual analogue scale-VAS). Follow-up was done by telephone between 1st and 10th postoperative day to evaluate complications, pain (yes/no), and satisfaction level (15 points score). Results. Four hundred and nine subjects were included; 50.61% were female. Mean age was 43 (95%CI: 41-44; range: 17-85), 12.7% were aged over 60. According to the American Society of Anesthesiology (ASA), 72.6% were classified as ASA1 and 26.1% ASA2. External and internal hemorrhoidectomy was performed on 31% of patients; 61.6% had two or more procedures. Lidocaine was used on 406 subjects. Ropivacaine was added for 9.2% of them and levobupivacaine for 89.4%. 394 patients were followed-up. Median follow-up was 4 days. A response was obtained from 346 subjects (84.6%); 105 (30.3%) recalled having suffered pain during the postoperative period, being most frequent in the lidocaine+ropivacaine group (17/39, 43.5%) than in the lidocaine+bupivacaine group (88/307, 28.6%). Satisfaction was evaluated by 336 subjects (82.1%); 332 of them (98.8%) awarding a score of 5. Two subjects (0.6%) scored this 2 and 1. Subjects did not mention complications. Conclusions. The new peri-rectal two-puncture block technique is easy and also provides analgesia and a high degree of satisfaction.

Keywords

Pain, postoperative, nerve block, anesthesia, local, ambulatory surgical procedures.