

The importance of anesthesia in day surgery

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Local anesthesia, enable the surgeon to perform a surgery, while the patient is fully awake and able to respond and follow any instruction required from him. It is done by blocking the peripheral nerve ending. It makes the surgery safe, in senile patients as most of the post-operative complications are due to the general anesthetic, used. We use local anesthesia for anal canal surgery and hernia operations. Minimal invasive surgery is the use of the local anesthesia and minimal handling of tissues with limited surgical exposure. Most of the complications after surgery result during the induction and arousal from the general anesthetic, and if we had to keep the beds vacant for patients to recover from a general anesthetic according to Farquharson. This surgery allows early recovery and ambulation and is mostly preferred. The patients' reaction to the anesthetics checked before surgery.

Preoperative sedation is a local anesthesia for young and apprehensive patients wherein 5-10 mg of Valium and 50 mg of Demerol, given by the intramuscular route, before half an hour of surgery for the patients with painful anal stenosis, or profuse bleeding. In this case 5mg Valium and 25 mg Demerol are used. The patient should be in left lateral position during the operation. We used 5% Xylocaine spray for surface anesthesia, and then a hypodermic needle to infiltrate the area behind the anal canal, with 3 cc xylocaine. This anaesthetizes the area at the floor of a fissure and between the internal sphincter, and the sub-epithelial layer. A long needle is then introduced, and a 5 cc of 2 % Xylocaine is infiltrated in the inferior haemorrhoidal nerves. The injection is repeated, by introducing the needle from posterior to the anal canal and to the right. Patients with sharp pain during defecation, whether a chronic fissure is demonstrated or not, usually suffers from the presence of fibrous strings or a ridge, which requires division, this may be located in midline posteriorly or anterior midline. This is done to allow the dilatation of the anal canal, and cure the pain the patient suffers. Examination of the posterior part of the anal canal is painful and is resisted by the patient, in such case an extra 2-3 ml, of 2 % Xylocaine may be advisable. The patient has relaxed for 5-10 min before re-examining the anal canal, and procedure.

Biography

Hanna Wannas, with around 50 years of work experience and 18 publications has published three books from his researches at his own clinic "Wannas Clinic for Medical and Surgical Researches" where he got the help of Royal College of Surgeons to form the titles. His love to his patients influenced his behaviour to search for the truth in surgery and to provide them with the most effective method of treatment. Thus he found several procedures so simple yet curative. Haemorrhoids as described are cured by a simple ligature, Fissure and fistula by few superficial stroke with the scalpel.

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