CHAPTER I

INTRODUCTION

1.1 Rationale and background

Hemorrhoid disease is one of the most common diseases of mankind. There are many different kinds of treatment have been advocated for the treatment of symptomatic hemorrhoids. Symptomatic hemorrhoids, grade I and II, can be treated conservatively by any of the various methods available such as laxatives and suppositories. Operative resection is reserved for patients with grade III and grade IV hemorrhoids including patients who fail nonoperative therapy. The closed technique of hemorrhoidectomy has been practiced routinely in our country and has yielded excellent results with very few complications.

Hemorrhoidectomy can be carried out under several modes of anesthesia. In western country hemorrhoidectomy usually be performed under general anesthesia, however there may be the complications resulted from general anesthesia together with associated diseases in advanced age, caudal or spinal anesthesia has been used as an alternative to general anesthesia (GA) for hemorrhoid surgery but they all require a trained anesthetist and have numerous known complications. Since, anesthesiologists are not always available then local anesthesia is an alternative mode of anesthesia that surgeon can safely carry out by their own. Local anesthetic produce a loss of sensation and muscle paralysis in a circumscribed area of body by localized effect on peripheral nerve endings. The local anesthesia is able to provide fully relaxation of the anal canal which is an ideal setting for various anal surgical procedures. The results of hemorrhoid surgery under this mode of anesthesia have been demonstrated in many publications. Local anesthesia is a safe and effective technique while fewer risks and complications compared with general or spinal anesthesia. In Thailand both spinal anesthesia and local perianal block have routinely been used for various kinds of anorectal surgery. However, so far there has no any trial conducting to compare between these two techniques.

The most important challenge after surgical hemorrhoidectomy is the management of postoperative pain. Early postoperative pain is caused by the discomfort due to the surgical incision in the uniquely sensitive anoderm and perianal skin. Inadequately controlled pain causes delay recovery and also causes voiding complications such as urinary retention. This study aimed to study the feasibility, safety and efficacy of hemorrhoid surgery under local perianal block comparing to under spinal block. Because of so far there has no any trial conducting to compare between these two techniques and in order to enhance the quality of evidence base then this study was conducted as a randomized controlled trial.