

# BÖLÜM 4

## Postoperatif Bakım ve Öneriler

Emet Ebru ATEŞ<sup>1</sup>

### POSTOPERATİF AĞRI

Hemoroidektomi sonrası ağrı yönetimi hastanın preoperatif dönemde doğru bilgilendirilmesi ile başlar. Hastanın ameliyat sonrası yaşayacaklarını önceden bilmesi ve normal yaşama dönüş süresinin, hastanın beklentileri ile örtüşmesi postoperatif toleransı arttırmaktadır (1).

Hemoroidektomilerde intraoperatif ve postoperatif analjezik kullanımı önerilmektedir (2). Narkotiklerin kabızlık başta olmak üzere yan etkileri, bağımlılık potansiyelleri ve opioid krizine neden olabilmeleri nedeni ile kullanımları sınırlandırılmalıdır (1,2). Cerrahi sonrası temel amaç, narkotik ilaç kullanımını sınırlı tutarak, çeşitli yöntemleri bir arada kullanıp, ağrının azaltılması olmalıdır (1).

Pudental sinir bloğu, postoperatif narkotik kullanımını azaltan temel ağrı kontrol yöntemlerinden biridir ve hemoroid cerrahisi sonrası önerilmektedir (1,2). Blok %1lik lidokain ile % 0,25lik bubivakainin 1:1 oranında karışımı ile yapılabilir ve dozu hastanın kilosuna göre 40-60 ml'dir. Lokal anesteziyelere 1:200.000 epinefrin eklenerek daha düşük doz ile daha uzun süre etki elde edilebilir. Yine lipozomal bubivakain (LB) de blok için kullanılabilir. Yüz hasta ile yapılmış randomize-kontrollü çift kör bir çalışmada, lipozomal bubivakainin ağrı kontrolünde

<sup>1</sup> Op. Dr., Konya Şehir Hastanesi, Genel Cerrahi Kliniği, emetebrunazik@gmail.com

## KAYNAKLAR

1. Steele, S. R. Hull, T. L. Hyman, N. Maykel, J. A. Read, T. E. Whitlow, C. B. (2022). *The ASCRS Textbook of Colon and Rectal Surgery*. (Fourth edition). Cham: Springer
2. Higuero T, Abramowitz L, Castinel A, et al. Guidelines for the treatment of hemorrhoids (short report). *Journal of Visceral Surgery*. 2016;153:213-218
3. Haas E, Onel E, Miller H et al. A double-blind, randomized, active-controlled study for post-hemorrhoidectomy pain management with liposome bupivacaine, a novel local analgesic formulation. *Am Surg*. 2012;78 (5):574-581
4. Little A, Brower K, Keller D, et al. A cost-minimization analysis evaluating the use of liposomal bupivacaine in reconstructive plastic surgery procedures. *Plast Reconstr Surg*. 2019;143 (4):1269-127
5. Gatherwright J, Knackstedt RW, Ghaznavi AM, et al. Prospective, randomized, controlled comparison of bupivacaine versus liposomal bupivacaine for pain management after unilateral delayed deep inferior epigastric perforator free flap reconstruction. *Plast Reconstr Surg*. 2018;141 (6):1327-1330
6. Kalogera E, Bakkum-Gamez JN, Weaver AL et al. Abdominal incision injection of liposomal bupivacaine and opioid use after laparotomy for gynecologic malignancies. *Obstet Gynecol*. 2016;128 (5):1009-1017
7. White PF. Multimodal analgesia: its role in preventing postoperative pain. *Curr Opin Investig Drugs*. 2008;9:76-82
8. Wanis KN, Emmerton-Coughlin HM, Coughlin S, et al. Systemic metronidazole may not reduce posthemorrhoidectomy pain: a meta-analysis of randomized controlled trials. *Dis Colon Rectum*. 2017;60 (4):446-455
9. Wanis KN, Emmerton-Coughlin HM, Coughlin S, et al. Systemic metronidazole may not reduce posthemorrhoidectomy pain: a meta-analysis of randomized controlled trials. *Dis Colon Rectum*. 2017;60 (4):446-455
10. Lu PW, Fields AC, Andriotti T, et al. Opioid prescriptions after hemorrhoidectomy. *Dis Colon Rectum*. 2020;63:1118-1126
11. Meyer DC, Hill S, McDade JA, et al. Opioid consumption patterns after anorectal operations: development of an institutional prescribing guideline. *J Am Coll Surg*. 2021;64:103-111
12. Ala S, Alvandipour M, Saeedi M, et al. Effect of topical baclofen 5% on post-hemorrhoidectomy pain: randomized double blind placebo-controlled clinical trial. *J Gastrointest Surg*. 2020;24:405-410
13. Ratnasingham K, Uzzaman M, Andreani SM, et al. Meta-analysis of the use of glyceryl trinitrate ointment after haemorrhoidectomy as an analgesic and in promoting wound healing. *Int J Surg*. 2010;8 (8):606-611
14. Vahabi S, Beiranvands, Karimi A, et al. Comparative Study of 0.2% glyceryl trinitrate ointment for pain reduction after hemorrhoidectomy surgery. *Surg J (N Y)*. 2019;5 (4):e192-196
15. Perrotti P, Dominici P, Grossi E, et al. Topical nifedipine with lidocaine ointment versus active control for pain after hemorrhoidectomy: results of a multicentre, prospective, randomized,

- double-blind study. *Can J Surg.* 2010;53 (1):17-24
16. Linares-Gil MJ, Vals J, Hereu-Boher P, et al. Topical analgesia with lidocaine plus diclofenac decreases pain in benign anorectal surgery: randomized, double-blind, and controlled clinical trial. *Clin Transl Gastroenterol.* 2018;9 (11):210
  17. Ala S, Saeedi M, Eshghi F, et al. Topical metronidazole can reduce pain after surgery and pain on defecation in postoperative hemorrhoidectomy. *Dis Colon Rectum.* 2008;51 (2):235-238
  18. Davies J, Duffy D, Boyt N, et al. Botulinum toxin (Botox) reduces pain after hemorrhoidectomy: results of a double-blind, randomized study. *Dis Colon Rectum.* 2003;46 (8):1097-1102
  19. Singh B, Box B, Lindsey I, et al. Botulinum toxin reduces anal spasm but has no effect on pain after haemorrhoidectomy. *Colorectal Dis.* 2009;11 (2):203-207
  20. Mlakar B, Kosorok P. Flavonoids to reduce bleeding and pain after stapled hemorrhoidopexy: a randomized controlled trial. *Wien Klin Wochenschr.* 2005;117 (15-16):558-560
  21. Ba-bai-ke-re MM, Huang HG, Re WN, et al. How we can improve patients' comfort after Milligan-Morgan open haemorrhoidectomy. *World J Gastroenterol.* 2011;17 (11):1448-1456
  22. Ho YH, Foo CL, Seow-Choen F, Goh HS. Prospective randomized controlled trial of a micronized flavonoid fraction to reduce bleeding after haemorrhoidectomy. *Br. J. Surg.* 1995;82 (8):1034-1035
  23. Lee HW, Lee WY, Chun HK. Clinical effects of VenitolR on complications after hemorrhoidectomy: prospective randomized and placebo-controlled trial. *J Korean Soc Coloproctol.* 1998;14 (4):761-766
  24. Colak T, Akca T, Dirlik M, et al. Micronized flavonoids in pain control after hemorrhoidectomy: a prospective randomized controlled study. *Surg Today.* 2003;33 (11):828-832
  25. La Torre F, Nicolai AP. Clinical use of micronized purified flavonoid fraction for treatment of symptoms after hemorrhoidectomy: results of a randomized, controlled, clinical trial. *Dis Colon Rectum.* 2004;47 (5):704-710
  26. Mlakar B. Flavonoids reduce bleeding after closed haemorrhoidectomy - prospective randomized controlled trial. *Eur Surg.* 2008;40 (1):34-36
  27. Mlakar B, Kosorok P. Flavonoids to reduce bleeding and pain after stapled hemorrhoidopexy: a randomized controlled trial. *Wien Klin Wochenschr.* 2005;117 (15-16):558-560
  28. Godeberge P, Sheikh P, Lohsiriwat V, et al. Micronized purified flavonoid fraction in the treatment of hemorrhoidal disease. *J Comp Eff Res.* 2021;10 (10):801-813