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Anorectal suppuration and anethtesia

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General anesthetic can be used for the surgical treatment of anal fistula, but it is preferable for senile patient. Local anesthesia of 2% xylocain is preferable for the anal fistula abscess disease, similar to other minimal invasive procedure for other procedures of the anal canal. 1% is the usual concentration, for senile patients, 3-5 ml is injected into the area posterior to the anal canal, an additional equal amount of the same concentration is administered on each side for inferior hemorrhoid, nerve block. The needle is introduced from the same point, posterior to the anal canal and is directed to the left and then re-introduced to inject the same amount on the right side. This approach also used for the young obese apprehensive patient. Demerol 50-75 mg and Valium 5-10 mg is given by intramuscular-route, half an hour before surgery. Often the patient should be allowed to sleep in addition to the local anesthetic, for muscle dilatation. This is preferred when the patient is apprehensive and general anesthesia is contra-indicated. Spinal anesthesia is another alternative.

During the procedure the patient should be in left lateral position. Fewer superficial incisions in the superficial space will also include the fibrous tissue in the inter-sphincteric groove which as mentioned is continuous around the lower margin of the internal sphincter with the fibrous tissue in the central space. This will cure 50% of fistula abscess. Excision of a portion of the sub-cutaneous external sphincter is needed in marginal space infection, peri-anal, and sub-mucosal, it includes also the terminal ramification of the conjoint longitudinal layer of the muscle to be attached to the peri-anal skin. Excision of the corresponding portion of the sub-cutaneous external sphincter is also important for the drainage of the central space infection and inter-sphincteric space. This sub-cutaneous external sphincter thus acts as a shelf to support the internal sphincter and cover the inter-sphincteric space. Its excision alone drains the inter-sphincteric space, both the distal and the proximal. The procedure eradicates the infected fibrous tissue in the superficial space, anal canal interests and inter-sphincteric spaces. The post-anal or anti-anal space as the case may be, is drained, in all other types of fistula disease, that include the horse-shoe, peri-anal fistula and pilonidal fistula.

Following the same principle of diagnosis and treatment, anal stenosis including the senile variety has become easy to manage. In addition, recto-vaginal and pilonidal sinus are managed after the same principles and under local anesthesia as described.

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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