

# Pain management after Ferguson Hemoroidectomy: A multiple comparison of pain management alternatives

zeynep şener bahçe<sup>1</sup>

<sup>1</sup>Affiliation not available

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## Abstract

**Objectives:** In this retrospective cross-sectional study, it was aimed to evaluate pain management after Ferguson Hemoroidectomy. **Design&Setting:** 151 patients who underwent Ferguson Hemorrhoidectomy between June 2017 and July 2019 were retrospectively included in the study. Postop, 1st day and 1st week Visual Analog Scale (VAS) and follow up durations based on different pain management groups were compared. **Results:** VAS level was highest in both groups on 1st day and 1st week in the group administered 150 mg pethidine (sc), and the difference was statistically significant ( $p<0.05$ ). In the group treated with 200 mg tramadol (iv) + 150 mg diclofenac sodium (im), the VAS level was the lowest on 1st day and 1st week. The highest VAS levels were in the local lidocaine group on 1st day and 1st week, whereas the lowest values were in the 150 mg diclofenac sodium (im) + 50 mg dexametoprolfen (oral) group. **Conclusion:** There was four common pain management procedure during hospitalization, whereas six pain management procedures were cumulated after hospitalization. Results reveal that although there have been a unique pain management procedure or a guideline on pain management after Ferguson Hemoroidectomy, clinical research results may have contribution for effective pain management after Ferguson Hemoroidectomy.

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