Evaluation of Outpatient Management of Proctological Surgery under Saddle Block

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Abstract: Introduction: Outpatient surgery is continually developing compared to conventional inpatient surgery; its rate is constantly increasing every year due to global socio-economic pressure. Most hospitals continue to perform proctologic surgery in conventional hospitalization. Purpose: As part of a monocentric prospective descriptive study, we examined the feasibility of proctologic surgery under saddle block on an outpatient basis with the same safety conditions as in traditional hospitalization. Material and methods: This is a monocentric prospective descriptive study spread over a period of 24 months, from December 2018 to December 2020 including 150 patients meeting the medico-surgical and socio-environmental criteria of eligibility for outpatient surgery, operated for proctological pathologies under saddle block in outpatient mode, in the surgery department of the regional military hospital of Constantine Algeria. The data were collected and analyzed by the biomedical statistics software Epi-info and Microsoft Excel, then compared with other related studies. Results: This study involved over a period of two years, 150 male patients with an average age of 32 years (20-64). Most patients (95,33%) were ASA I class, and 4,67% ASA II class. All patients received saddle blocks. The average length of stay of patients was six hours. The quality indicators in outpatient surgery in our study were: zero (0)% of deprogrammings, three (3)% of conversions to full hospitalization, 0,7% of readmissions, an average waiting time before access to the operating room of 83 minutes without delay of discharge, a satisfaction rate of 90,8% and a reduction in the cost compared to conventional inpatient surgery in proportions ranging from -32,6% and -48,75%. Conclusions: The outpatient management of proctological surgery under saddle block is very beneficial in terms of safety, efficiency, simplicity, and economy. Our results are in line with those of the literature and our work deserves to be continued to include many patients.

Keywords: outpatient surgery, proctological surgery, saddle block, satisfaction, cost

Conference Title: ICACCM 2025: International Conference on Anesthesiology and Critical Care Medicine

Conference Location : Ottawa, Canada **Conference Dates :** July 12-13, 2025