Stapled Haemorrhoidopexy

Patient information sheet

What are haemorrhoids?

Haemorrhoids are swollen blood vessels, which are found within the lining of the back passage (anal canal). They are often called piles. Some haemorrhoids can emerge from the anus during bowel movement. This is known as a prolapsed haemorrhoid. Some prolapsed haemorrhoids can be replaced by being pushed back, others remain permanently prolapsed.

What does the surgery involve?

A stapled haemorrhoidopexy is an operation to return the haemorrhoids to a normal position inside the rectum (back passage). A circular shaped stapling device is gently inserted in the back passage. The surgeon is then able to use the device to remove excess tissue above the haemorrhoids and then staple the remaining tissue back inside the rectum. The staples are left permanently in the body. Stapled haemorrhoidopexy is a relatively new technique, developed in Europe in the early 1990’s, and introduced in this country over the past few years. The National Institute for Clinical Excellence has recently reviewed this procedure (www.nice.org.uk). The evidence they have reviewed suggests that stapled haemorrhoidopexy is as effective as the traditional alternative. You can obtain more detailed information about this procedure from the above website or by contacting the NHS Response Line. (Tel: 0870 1555 455, quote reference number N0404).

Are there any alternatives?

An alternative to stapled haemorrhoidopexy is a traditional haemorrhoidopexy, which is the surgical removal of haemorrhoids. Whilst this has the advantage of being a tried and tested procedure over many years, it also tends to be more painful and usually requires a longer period of recovery than a stapled haemorrhoidopexy. The other alternative would be transanal haemorrhoidal de-arterialisation. During this procedure all of the haemorrhoidal arteries are located and tied using a special device. This will lead to the shrinkage of the haemorrhoids.

You should discuss the risks and benefits of alternatives with your surgeon.
What are the benefits of stapled haemorrhoidopexy?

The main benefits are the relief of pain, bleeding, discharge and itching caused by haemorrhoids.

What are the risks?

Haemorrhoidopexy is considered a safe procedure. However, as with any surgery, complications do occasionally occur:

- A post-operative bleed may occur. The bleeding often stops spontaneously but occasionally may need further surgery to correct it. Excessive bleeding may occur up to 14 days after surgery and this may result in being re-admitted to hospital for observation or treatment.
- If too much muscle tissue is drawn into the device, it can damage the rectal wall resulting in inflammation or infection.
- The internal muscles of the sphincter (entrance to the back passage) may be damaged, resulting in long-term dysfunction, such as severe pain or incontinence.
- Immediately after surgery you may also experience some difficulty in passing urine, but this should settle. Occasionally a catheter might be required to empty the bladder.
- Further rare complications of surgery include deep vein thrombosis (blood clot), pulmonary embolism (blood clot in the lung), and narrowing of the anus (stenosis).

The risks of surgery are assessed on an individual basis, as they can vary depending if you have any underlying health issues. Please discuss this with your Consultant.

What would happen if my haemorrhoids were left untreated?

Untreated haemorrhoids can drop down outside the anal canal and strangulate (twist) causing pain. Haemorrhoids can cause leakage of mucous, inflammation and irritation of the skin around the anus. Untreated haemorrhoids can also bleed, so you could become anaemic.

Will the haemorrhoids return after surgery?

Haemorrhoids can return after any form of treatment, but they are less likely to return after having a stapled haemorrhoidopexy. If they do return another haemorrhoidectomy or other forms of treatment may be necessary.
How long will I be in hospital?

Due to advances in surgical techniques it is usually possible to have the procedure as a day case. If you do require an overnight stay you will normally be ready for discharge the next day.

What happens before the operation?

Prior to admission you will need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your admission, treatment and discharge. If you prefer we may be able to do this over the telephone, but you may need to come to the hospital if we need further tests. The pre-operative assessment nurses will help you with any worries or concerns that you have and will give you advice on any preparation needed for your surgery. Before the date of your admission please, read very closely, the instructions given to you. If you are undergoing a general anaesthetic you will be given specific instructions about when to stop eating and drinking, please follow these carefully as otherwise this may pose an anaesthetic risk and we may have to cancel your surgery. You should bath or shower before coming to hospital. On admission a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown. Prior to surgery you may be given an enema (a liquid medication given into the ‘back passage’ to empty the bowel)

The surgeon and anaesthetist will visit you and answer any questions that you have. You will be asked to sign a consent form. A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A needle will be put into the back of your hand to give you the drugs to send you to sleep.

What happens after the operation?

Your blood pressure, pulse and wounds will be monitored closely over the first few hours. You will normally be able to start drinking shortly after the procedure, and can start eating as soon as you are hungry.

You will normally be able to get out of bed a few hours after surgery, although the nurses will assist you the first time. Some pain is to be expected. The nurses will monitor how you are feeling and give you painkillers if required. If an anal plug has been inserted this will usually be removed a few hours after surgery. If a dissolvable anal plug has been used this will be passed on your first bowel movement. A small amount of bleeding is also to be expected. The nurses will monitor the wound site and if necessary provide pads to protect your clothes from marking.
If your operation is planned as a day case you can go home as soon as the effect of the anaesthetic has worn off. A general anaesthetic can temporarily affect your coordination and reasoning skills so you will need a responsible adult to take you home and stay with you for the first 24 hours. During this time it is also important that you do not operate machinery, drive or make important decisions. Before your discharge the nurse will advise you about your post-operative care and will give you a supply of painkillers and laxatives. Your GP will be notified of your treatment. If a hospital follow-up appointment is required you will be notified of this prior to discharge and the appointment card will be posted to you.

What activities will I be able to do after my surgery?

You can return to normal physical and sexual activities when you feel comfortable, this is usually quicker than with a conventional haemorrhoidectomy.

How much pain can I expect?

At times the pain may be significant, but generally it is less than with the open conventional surgery, so taking regular painkillers will help. Warm baths may also help reduce any discomfort. You may experience discomfort for several weeks after the operation.

Bowel action and personal hygiene

It is important to maintain a regular bowel movement that should be well formed but soft. Continue to take laxatives for two weeks after your surgery. Eating a high fibre diet and increasing your fluid intake will also help. You will normally open your bowels within two to three days of your operation although this may be uncomfortable at first. You may notice blood loss after each bowel movement but this will gradually reduce over the next few weeks.

It is important to keep the operation site clean. If possible, wash after each bowel action for three to four weeks after the operation. Bathing once or twice a day is also soothing and may reduce discomfort. The cut area may take a month or more to heal properly and during this time there may be a slight discharge. Wearing a small pad inside your pants will protect your clothes from any staining.

When will I be able to drive?

You must not drive for at least 24 hours after surgery. Before driving you should ensure that you are able to perform an emergency stop, have the strength and capability to control the car and be able to respond quickly to any situation that may occur. Please be aware that driving whilst unfit may invalidate your insurance.
When can I return to work?

You can return to work as soon as you feel well enough. This could depend on the type of work that you do. Typically you will need one to two weeks off work.

When should I seek help?

- If you develop a fever above 101° F (38.5° C) or chills.
- Vomiting or nausea.
- Increasing pain, redness, swelling or discharge.
- Severe bleeding.
- Difficulties in passing urine.
- Constipation for more than 3 days despite using laxatives.

Where should I seek advice or help?

During the hours of 8am -8pm contact the Day Surgery Unit, North East NHS Surgery Centre, Queen Elizabeth Hospital 0191 4453009

During the hours of 8pm -8am contact Level 2, North East NHS Surgery Centre, Queen Elizabeth Hospital 0191 4453005

Data Protection
Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

This leaflet can be made available in other languages and formats upon request.