

Haemorrhoidectomy

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?

Haemorrhoidectomy is an operation to remove haemorrhoids. A special device is used so that the surgeon can see the haemorrhoids. They are then removed by cutting them out. The lining is then stitched to the underlying muscle. This may prevent recurrence. Most of the stitches are inside the anal canal and will dissolve over a period of two to four weeks. In some cases the wound is left open to heal. The surgeon may also place a small pack inside the rectum to stem any bleeding. This will either be removed by the nursing staff, dissolve, or will be passed with your first bowel movement.

What are the benefits?

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

What are the risks?

Haemorrhoidectomy is a commonly performed operation and is generally a very safe procedure. However, as with any surgery complications do occasionally occur.

- ◆ In approximately five in 100 cases, 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 readmitted to hospital for observation or treatment.

- ◆ 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.
- ◆ In rare instances the anus can become narrow and tighter making it difficult to pass stools comfortably. This is caused by shrinkage of the scar tissue. This may then require some stretching with an instrument.
- ◆ A temporary leak of faeces or flatus may persist for several days after surgery. In very rare occasions this problem may persist for a long time or even permanently.
- ◆ As with any operation an infection may occur, but this is rare.
- ◆ Further rare complications of surgery include deep vein thrombosis (blood clot) or pulmonary embolism (blood clot in the lung).

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.

Are there any alternatives?

A haemorrhoidectomy is generally only recommended when other treatments have not been effective or are not suitable. Other procedures include having a stapled haemorrhoidectomy or transanal haemorrhoidal de-arterialisation. Your surgeon will discuss your options with you.

What would happen if my haemorrhoids were left untreated?

Untreated haemorrhoids can drop down outside the anal canal and strangulate (obstruct) causing pain. Haemorrhoids can cause leakage of mucus, 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 haemorrhoidectomy. If they do return another haemorrhoidectomy or other forms of treatment may be necessary.

How long will I be in hospital?

As this is a day case procedure you will be expected to go home on the day of your surgery.

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, otherwise this may pose an anaesthetic risk and may mean we will 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 need to have 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, and can be quite significant. The nurses will give you painkillers and monitor your pain. 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.

How much pain can I expect?

At times the pain may be significant, so taking regular painkillers will help. Warm baths may also help reduce the discomfort. You may experience discomfort for up to six 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 type of work that you do. Typically you will need one to three 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.

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