

Haemorrhoidectomy

Patient Information

Mr James Francombe, Consultant Surgeon.

Definition

Haemorrhoids are vascular cushions (usually 3 in number) which occur within the anal canal. When they enlarge or engorge they tend to give the classic symptoms of discomfort and bleeding when the bowels are opened. Sometimes they can secrete mucous which can irritate the delicate anal membrane. Occasionally they may strangulate, whilst this is not a dangerous condition it can be extremely painful for about a week. For all these reasons you may be offered a haemorrhoidectomy if dietary changes and more minor procedures (such as banding and injections) are not suitable or have failed.

Before admission

I will have seen you in the clinic and explained the nature of the operation and filled in a consent form, which you should sign and bring on the day of your admission.

You should start taking Lactulose 15mls a day three days before admission.

Admission

Most of these operations require a 1 to 2 day stay in hospital. However sometimes they can be performed as a day case where you go home the same day. If your operation is in the morning you should fast from midnight and if it is in the afternoon usually a light breakfast at 08:00 is permitted. You need to check this prior to the surgery. You may be given a suppository to empty the bowels prior to surgery.

Anaesthetic

The vast majority of these operations are performed under a general anaesthetic. Very rarely the operation is performed using anaesthetic whilst you remain awake. You will see an anaesthetist prior to the operation.

The operation

The haemorrhoids are removed using electro-surgery (diathermy). The arterial supply to the pile is tied off using a dissolvable stitch. Sometimes a pack is placed into the anus which either dissolves or is removed the next day. Typically you will have three separate wounds outside your anus extending about 1 cm into the margin of the anus.

Usually these wounds are left open, but sometimes they are closed with dissolvable stitches.

Problems that can occur during the operation

Just occasionally (in order to reduce pain and the chance of complications) it is not possible to remove all the haemorrhoids in one go. In such cases it may be necessary to repeat the operation a few months later.

After the operation

As soon as you awake from the anaesthetic you can have something to eat or drink. You will be prescribed pain killers, laxatives and antibiotics which have been shown to reduce the amount of pain after surgery. The wounds however will initially be painful and it is important to ask for plenty of pain relief. Usually this more intense pain subsides quite quickly; especially after your first bowel motion which itself can be quite painful. If you feel the urge to open your bowels let things happen naturally. It is beneficial, if possible to take a painkiller 20 minute prior to opening your bowels for the first time. Do not try to keep your motion inside for fear of pain as this can make matters worse. The laxatives prescribed should help things on.

Problems that can occur after the operation (post-operative complications)

1. Bleeding

Every care is taken to stop all bleeding at the time of operation and a little blood loss for up to a week is normal. However haemorrhoids are extremely vascular structures with lots of blood vessels, and very occasionally the wounds continue to bleed or start bleeding excessively a few days later. This delayed bleed is more often than not secondary to infection which can be treated with antibiotics. Rarely, you might have to go back to theatre in order to allow the surgeon to stop the bleeding. If you have been discharged and you start to bleed a lot you must come immediately to casualty.

2. Infection

Sometimes the wounds become infected. You will notice increasing pain and swelling in the anal region. The wounds may start discharging or start to bleed. If you feel you are developing a wound infection seek advice from your GP or the ward or ask my secretary for an appointment.

3. Recurrence

Haemorrhoidectomy is usually very successful in treating your symptoms. Over the years however they may recur. You can reduce the risk of recurrence by eating plenty of fibre and not straining at stool or sitting on the toilet for long periods of time.

4. Anal stenosis

Rarely (approx 1 to 5%) narrowing (stenosis) of the anal canal occurs. Very rarely this requires further reconstructive surgery. Most of time the narrowing will respond to simple dilatation methods that you can perform yourself This is very unusual and I will see you regularly if you have continuing problems.

5. Acute retention of urine

This may occur after the operation and it is where the bladder is unable to empty its urine. It is more likely in men and rare in women. Insertion of a catheter (tube) through the penis into the bladder will alleviate the problem. This catheter is usually removed 24 to 48 hrs later.

6. Anal leakage

Very occasionally you have weak anal muscles and a tendency to find it difficult to control your wind, or leakage, this may worsen slightly after the operation.

After discharge

People vary on how quickly they can return to normal activities and work. Typically this is 1 to 3 weeks, but also depends on what job you do. I surgeon should be able to give you more information about your recovery time. You should continue to take painkillers, laxatives and antibiotics as directed. Advice will be given to you about wound care. If possible try to bath or shower after each bowel motion. Sitting on the edge of the bath with a shower hose is another good way of cleaning the area. You may find alcohol free wipes are preferable to dry paper for wiping. If lifting causes discomfort it should be avoided. Try to avoid excessive sitting or walking, although you should remain as active as possible. Avoid swimming for about two weeks.

Follow up

I will see you for follow up six weeks following your surgery or sooner if necessary.