

Haemorrhoidectomy

Colorectal Surgery



What are haemorrhoids?

Haemorrhoids, also known as piles, are soft fleshy lumps just inside the back passage (anus). They have a rich blood supply and bleed easily, usually causing fresh bright-red bleeding when you have had a bowel movement. They do not usually cause pain but can cause itching around the anus. When large, they can pass through the anus (prolapsed pile), feeling like a lump when you clean yourself (see figure 1).

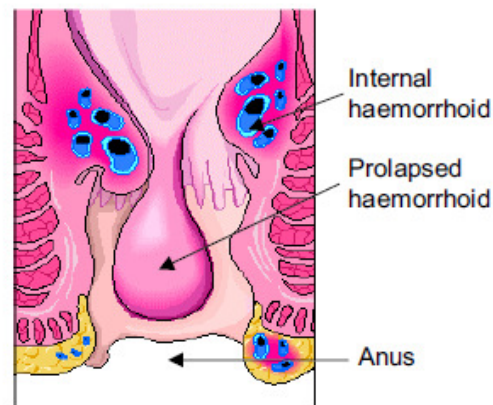


Figure 1

Back passage showing a prolapsed haemorrhoid

Your surgeon has recommended a haemorrhoidectomy. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How do haemorrhoids happen?

Haemorrhoids develop gradually, often over a long period of time. They are associated with constipation, particularly if you need to strain to open your bowels. They often run in families and can be made worse by pregnancy.

What are the benefits of surgery?

Surgery will remove the haemorrhoids. You should no longer have any of the symptoms that haemorrhoids can cause.

Are there any alternatives to surgery?

Haemorrhoids can often be successfully treated by simple measures such as making sure your motions are bulky and soft, and that you do not strain while opening your bowels. Eating more fibre and drinking more fluid usually improves the way your bowels work.

If these simple measures are unsuccessful, the haemorrhoids can usually be treated successfully in a clinic. Local treatments aimed at shrinking the haemorrhoids include “banding” or “injecting” the haemorrhoids. In 7 out of 10 people these treatments are successful. However, they may need to be repeated. The treatment is usually painless but can cause discomfort for 1 to 2 days and is rarely associated with heavy bleeding.

Only when your surgeon has tried these treatments and ruled out other causes of your symptoms, or the haemorrhoids are large, will they recommend a haemorrhoidectomy.

What will happen if I decide not to have the operation?


You will continue to bleed at times but you may accept this. You can decide to continue with simple measures or local treatments. As long as the bleeding is caused only by your haemorrhoids and you are not anaemic (your body does not produce enough healthy red blood cells), it should be safe to continue as you are. However, it is important that you are examined by a specialist to make sure that the bleeding is coming from your haemorrhoids and nowhere else.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Before coming in for your operation you will attend the pre-operative assessment clinic where a number of tests will be carried out to assess your overall fitness. It will include blood tests, ECG (heart tracing) and a health check questionnaire. If any concerns are detected your case will be reviewed by the anaesthetist who will advise if further investigations are required.

A haemorrhoidectomy is usually performed under a general anaesthetic. However, a variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You will probably also have injections of local



anaesthetic to help with the pain after surgery. You will be given antibiotics during the operation to reduce the risk of infection. The operation takes about twenty minutes.

What should I do about my medication?

You should make sure your surgeon knows the medication you are on and follow their advice.

The pre assessment clinic will advise you when to stop any specific medication such as Warfarin, Clopidogrel or Aspirin.

If you are a diabetic, it is important that your diabetes is controlled around the time of your operation. Follow your surgeon's advice about when to take your medication. If you are on beta-blockers to control your blood pressure, you should continue to take your medication as normal.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

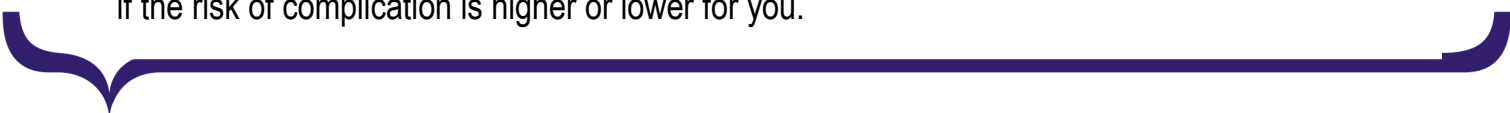
Regular exercise should help prepare you for the operation, help with your recovery and improve your long-term health. Before you start exercising, ask a member of the healthcare team or GP for advice.

What will my surgeon and healthcare team advise me on discharge, to minimise complications?

- A 5 day course of antibiotic called Metronidazole. There is good evidence this helps to reduce pain after haemorrhoidectomy (it is very important you avoid alcohol whilst taking Metronidazole as it causes a reaction that will make you feel very unwell).
- Lactulose or Movicol to soften the stool and Fybrogel to bulk your stool for 7-14 days after surgery. It is **very** important that you do not get constipated.
- A painkiller which is safe to take home; either codeine or a non-steroid anti-inflammatory.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of complication is higher or lower for you.



1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic (usually on the day of the operation or in a pre-assessment clinic if you have any significant risk factors)

2 General complications of any operation

- **Pain** (a haemorrhoidectomy can be painful.) The local anaesthetic and painkilling medication will help to keep you comfortable. The pain can continue for two to three weeks while the raw areas in your back passage heal. You will need medication to keep your motions soft.

A minority of patients can get quite severe pain from anal sphincter spasm (usually worse on passage of stool) and may benefit from a special cream to reduce the spasm (Diltiazem 2%) perianally twice daily. Seek advice from your GP or the Ashford & St Peter's Hospitals health care team.

3 Specific complications of this operation

- **Incomplete haemorrhoidectomy** which sometimes happens if the haemorrhoids are so widespread that it would not be safe to remove them all during the operation. Some tissue may be left, so you may still feel a lump.
- **Constipation**, the pain, inflammation and medication after haemorrhoidectomy makes you prone to constipation, hard stools can become impacted giving you more pain and difficulty passing urine. It is very important you take laxatives after the operation.
- **Difficulty passing urine**, which may need a catheter (tube) in your bladder for a day or two (risk: 1 in 5). The risk of needing a catheter is higher if you had difficulty passing urine before the operation.
- **Anal stenosis**, where the back passage narrows due to scarring. This may need further surgery.
- **Developing skin tags**, where small pieces of skin are left at the edge of the anus after the wounds have healed.
- **Developing an anal fissure**, which is a tear in the skin around the back passage caused by a wound not healing properly, and causes anal sphincter spasm. There are simple treatments for an anal fissure but sometimes surgery is needed.
- **Incontinence**, which can happen to a minor degree causing 'wet wind' soon after surgery but should settle. If it does not settle, you may need further treatment.

How soon will I recover?

- **In hospital**

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency.

You should drink plenty of fluid and increase the amount of fibre in your diet to avoid constipation. This is important for the first few days after your operation. You should take the antibiotics, laxatives and pain killers recommended to you.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

- **At home**

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours, and not at all whilst taking Metronidazole.

The wounds often take several weeks to heal completely and you may need to wear pads until then. Slight bleeding or discharge is common until your wounds have healed.

After your operation you will not normally need to be seen in the outpatient clinic, however if you are experiencing any ongoing symptoms which are affecting your daily activities please contact your GP or your Consultant's secretary.

- **Returning to normal activities**

You should be able to return to work within one to four weeks depending on your type of work.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

- **The future**

You should make a full recovery and the symptoms should clear completely. However, occasionally haemorrhoids come back. If your symptoms continue, particularly bleeding you should let your doctor know.



Summary

Haemorrhoids are a common problem. If non-surgical treatments fail, surgery is usually recommended.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Useful Contact Numbers

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Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you remain concerned, PALS can also advise upon how to make a formal complaint.

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