

## **The Haemorrhoidectomy Operation**

Haemorrhoidectomy is an operation to remove symptomatic haemorrhoids by cutting them out surgically. The surgery is usually performed under a general anaesthetic (spinal anaesthesia might be preferred in some cases) and as a day-case. The lining of the back passage is sometimes stitched to the underlying muscle or the wounds are left open. Some stitches are used to prevent bleeding from the haemorrhoidal vessels. Most of the stitches are inside the anal canal (back passage) and will dissolve over a period of two to four weeks. 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.

## **Benefits Of Haemorrhoidectomy**

The main benefits are the relief of pain, bleeding, discharge, discomfort and itching caused by haemorrhoids. Haemorrhoidectomy is generally only recommended when other treatments have failed or are not suitable.

## **Are There Any Alternatives?**

A haemorrhoidectomy is generally only recommended when other treatments have not been effective or are not suitable. Other procedures include rubber band ligation, injection sclerotherapy, stapled haemorrhoidectomy or trans-anal haemorrhoidal de-arterialisation (THD). These options will be discussed with you before any surgery is scheduled.

## **What Would Happen If My Haemorrhoids Were Left Untreated?**

Untreated haemorrhoids can drop down outside the anal canal and strangulate (having their blood supply cut off), causing pain and becoming infected. Haemorrhoids can also 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 (typically a less than 5% recurrence rate). 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. Some patients with significant co-existing medical conditions or whose surgery takes place late in the day might be kept in overnight.

## **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 treatment and discharge. 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.

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.

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.

### **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 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 an appointment card given 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 normally takes 1-3 weeks but sometimes longer.

### **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.

### **Driving**

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.

### **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.

### **Significant, Unavoidable And Frequently Occurring Risks After Haemorrhoidectomy**

Haemorrhoidectomy is generally a very safe operation with few risks, but, as with any surgical procedure, complications do occasionally occur; about 2% patients need to have a second anaesthetic to attend to a complication.

Immediately after the operation, a few patients find it difficult to pass urine and a catheter may be required to empty the bladder. If you suffer from urinary symptoms due to a large prostate you might be at increased risk of urinary problems after surgery.

Around 5% of patients experience more bleeding than usual and this may need re-admission to hospital for observation or, rarely, another operation.

Infection is very rare.

The sutures that are placed sometimes separate, leaving an open wound: do not be concerned if this happens as healing will still take place. In the long term, recurrence of symptoms is rare, although a few patients develop skin tags.

Rarely, scarring can cause narrowing of the anus.

It is extremely common to experience significant pain after a haemorrhoidectomy. This can

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be made worse by avoiding opening your bowels or constipation. We will provide several painkilling medications, and laxatives to help soften your bowel motions.

In the period following your operation you should contact us on 07968228831 or your GP if you notice any of the following problems:

- increasing pain, redness, swelling or discharge
- severe bleeding
- constipation for more than three days despite using a laxative
- difficulty in passing urine
- high temperature over 38°C or chills
- nausea or vomiting.