

## The THD Operation

The THD procedure is an innovative surgical treatment for haemorrhoids, recently approved by the National Institute for Clinical Excellence (NICE). THD is designed to cure haemorrhoids in a minimally invasive way, with no cuts made into the tissues. It is generally carried out under a general anaesthetic and as a day-case; in rare circumstances it can be performed under a spinal anaesthetic or using local anaesthetic alone.

During the THD procedure, the blood-supplying arteries of the haemorrhoid are precisely located with a fine, specially designed proctoscope allowing maximum precision via a Doppler ultrasound probe. Each of these arteries is then gently sutured through a small operating window of the same proctoscope, making this technique extremely gentle and safe. If the piles are also protruding or prolapsing, then through the same device, the rectal mucosa (the lining of the rectum) can be shortened to pull the haemorrhoids up into their normal position into the anal canal.

As the procedure is carried out in the area above the dentate line (an area without sensory nerves), the patient generally doesn't feel any stitches during or after the intervention.

The THD procedure differs from other surgical techniques in the following ways:

- It does not cut or remove any haemorrhoidal tissue, hence post-operative pain is significantly reduced compared to a haemorrhoidectomy
- Since the blood-supplying arteries are but sutured, the THD procedure has been associated with far less post-operative complications and better long-term results
- In most cases, patients resume their normal activities within 24 – 48 hours

The surgery is usually performed under a general anaesthetic (spinal anaesthesia might be preferred in some cases) and as a day-case. 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 The THD Procedure

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?

Other procedures include rubber band ligation, injection sclerotherapy, stapled haemorrhoidectomy or formal haemorrhoidectomy (see information on haemorrhoids). These options will be discussed with you before any surgery is scheduled.

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## **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; recurrence rates after THD are generally less than 10%. If they do return a further THD procedure, 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 from the back passage 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 1-2 weeks.

## **How Much Pain Can I Expect?**

Most patients experience fairly low levels of pain; in a minority of cases the pain may be significant, so taking regular painkillers and laxatives will help. Warm baths may also help reduce the discomfort. You may experience discomfort for up to two weeks after the operation.

Some patients might feel an overwhelming desire to defaecate for a few days or weeks after surgery; this is called urgency of defaecation and is due to the presence of stitches used to ligate the haemorrhoidal arteries or perform the rectopexy. This phenomenon has no harmful effects and is quickly self-limiting.

## **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; 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.

### **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 two weeks off work.

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

THD is generally a very safe operation with few risks, but as with any surgical procedure, complications do occasionally occur; less than 1% 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 2% 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.

It is common to experience a degree of pain after the THD procedure, although many patients report no pain as such. The pain can be made worse by avoiding opening your bowels or constipation. We will provide several painkilling medications, and laxatives to help soften your bowel motions.

### **When To Contact Your Surgeon**

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 from the back passage
- severe bleeding
- constipation for more than three days despite using a laxative
- difficulty in passing urine
- high temperature over 38°C or chills
- persistent nausea or vomiting.