

Circular Stapled Haemorrhoidectomy – an operation to remove haemorrhoids

Information for patients



What are haemorrhoids (piles)?

Haemorrhoids, also known as piles, are enlarged and swollen blood vessels in or around the lower rectum and the anus. Haemorrhoids are not life-threatening, but they can cause itching, bleeding and pain. Internal haemorrhoids develop in the lower rectum, a few centimetres above the opening of the anus. If they extend out of the opening of the anus, they are described as 'prolapsed'.

What causes haemorrhoids?

Constipation, pregnancy and childbirth, obesity and straining e.g. whilst lifting or vomiting, can all contribute to the development of haemorrhoids.

Circular Stapled Haemorrhoidectomy

Your surgeon has recommended that you have an operation to remove your haemorrhoids. Surgery is needed for certain types of haemorrhoids, or where other forms of treatment have not worked. This leaflet tells you what the operation involves, what to expect in the recovery period, and the possible risks. If you have further questions, please speak to the doctor or ward staff when you come to the hospital.

Due to advances in surgical techniques it is sometimes possible to have the procedure as a day case. If you do require an overnight stay you will normally be ready to go home the next day. The operation is usually carried out under general anaesthetic.

What does the operation involve?

A stapled haemorrhoidectomy is an operation to return the haemorrhoids to a normal position inside the rectum (back passage). A circular shaped stapling device is gently inserted into the back passage. The surgeon uses the device to remove excess tissue above the haemorrhoids, and then staples the remaining tissue back inside the rectum. The staples are left permanently in the body.

Stapled haemorrhoidectomy is a relatively new technique, developed in Europe in the early 1990's, and introduced in this country over the past few years.

Are there any alternatives?

It is important to try all non-surgical treatments before considering haemorrhoidectomy. This includes making improvement to your diet, avoiding straining (e.g. when lifting), and lifestyle changes to improve your bowel function. Haemorrhoids may also respond to the relatively simple treatment of banding or injection.

The National Institute for Clinical Excellence (NICE) has recently reviewed this circular stapled haemorrhoidectomy (www.nice.org.uk). Whilst they highlight the lack of long-term data, the evidence they have reviewed suggests that stapled haemorrhoidectomy is as effective as the traditional alternative, the surgical removal of haemorrhoids. Whilst the traditional procedure has the advantage of being a tried and tested procedure over many years, it also tends to be more painful and usually requires a longer period of recovery. You can obtain more detailed information about the stapled procedure from the above website.

Your surgeon will talk to you about the risks and benefits of both procedures. Surgeons performing stapled haemorrhoidectomy will have undergone special training and will be able to advise you on their experience of this procedure.

What are the benefits of haemorrhoidectomy?

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

What are the risks?

Haemorrhoidectomy is considered a safe procedure. However, as with any surgery, complications do sometimes occur:

- Bleeding after the operation. The bleeding often stops on its own but sometimes further surgery may be needed to correct it. Excessive bleeding may occur up to 14 days after surgery and rarely this may result in being re-admitted to hospital for observation or treatment (0.5 to 1%).
- If too much muscle tissue is drawn into the device, it can damage the rectal wall resulting in inflammation or infection.
- Urgency (the need to rush to the toilet). This can last up to a year.
- The internal muscles of the sphincter (entrance to the back passage) may be damaged, resulting in long-term dysfunction, such as severe pain or incontinence.
- Immediately after surgery you may also experience some difficulty in passing urine, but this should pass. Occasionally a catheter might be required to empty the bladder.
- Further rare complications of surgery include deep vein thrombosis (blood clot), pulmonary embolism (blood clot in the lung), and narrowing of the anus (stenosis).
- A very small number of patients have reported long-term pain.

What would happen if my haemorrhoids were left untreated?

Untreated haemorrhoids can drop down outside the anal canal and become strangulated (twisted) causing pain.

Haemorrhoids can cause the leakage of mucous, and 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 do so after having a haemorrhoidectomy. If they do return, another haemorrhoidectomy or other forms of treatment may be necessary. However, attention to diet and bowel function will help to reduce the chance of recurrent problems.

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 help you the first time.

You are likely to have some pain after the procedure. The nurses will monitor how you are feeling and give you painkillers if you need them. 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.

You can also expect a small amount of bleeding. The nurses will monitor the wound site and if necessary provide pads to protect your clothes from getting soiled. You may experience some urgency needing to get to the toilet quickly, and some people have reported pain that lasts months or even years.

Going home

If your operation is planned as a day case you can go home as soon as the effect of the anaesthetic has worn off and you are comfortable, eating and drinking, and the nurse has checked your blood pressure & pulse, & bleeding are stable. A general anaesthetic can temporarily affect your co-ordination 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 you are discharged home the nurse will advise you about your post-operative care and will give you a supply of painkillers and laxatives. We will write to your GP to tell them about your treatment. If you need to come back for a follow-up appointment, we will tell you and the appointment card will be posted to you.

Getting back to normal

You can return to normal physical and sexual activities when you feel comfortable. Anal sex should be avoided.

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 any discomfort. You may experience discomfort for several 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 2-3 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 movement for 3-4 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 make sure 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 will depend on how you are feeling and the type of work that you do. Typically you will need one to two 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?

First 24 hours after surgery:

Telephone the ward where you were treated via the hospital switchboard: (01865) 741166

After that time, please contact your GP.

This leaflet is for general information only. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. If you have any specific questions or concerns, please talk to your doctor.

Further information

<http://www.nice.org.uk/guidance/index.jsp?action=download&o=30892>

<http://www.nhs.uk/conditions>

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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