

Removal of Haemorrhoids (Haemorrhoidectomy)

Information for patients



What are Haemorrhoids?

Haemorrhoids (piles) are enlarged blood vessels around the anus (back passage). There are two types of haemorrhoids: internal and external.

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

Internal haemorrhoids are inside the back passage where the rectum joins the anus. They are covered by the mucous lining of the rectum. They are rarely painful. Internal haemorrhoids may be made worse by constipation and straining, and sometimes come down the back passage, usually at the time of a bowel motion. These are called prolapsed haemorrhoids. Sometimes these prolapsed haemorrhoids remain outside all the time. Prolapsed internal haemorrhoids may discharge mucous causing a wet sensation in the under clothes.

External haemorrhoids are on the outside of the back passage and are covered by skin. The loose skin can produce irritating tags. External haemorrhoids often cause itchiness and discomfort. Both types of haemorrhoid can become painful if a clot forms in the blood vessels affected.

What causes haemorrhoids?

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

What treatments are available?

There are a variety of other treatments for haemorrhoids such as freezing, placing a rubber band ligature around them which makes them shrivel (banding), and injection treatment. For large haemorrhoids, the only effective treatment is surgical removal of the haemorrhoids. This is called an operation called a haemorrhoidectomy.

What does the operation involve?

The operation is usually done under general anaesthetic. (For a very few patients a spinal anaesthetic is more suitable – if this applies to you the anaesthetist will discuss this with you.) During the operation, the anus muscle is stretched and the piles are trimmed off.

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 of haemorrhoidectomy?

The chance of piles coming back again is small. It is increased by a constipated bowel habit and straining.

Complications are rare and seldom serious but you need to know about them:

- **Pain.** It is normal to experience a lot of pain in the first two weeks after this operation particularly around 4-5 days. This can continue and develop into chronic pain. Around 5% of patients are slow to heal and form a fissure (small tear) which can be painful for a several months.
- **Stenosis** (narrowing of the outlet of the anus). This can occur if a lot of scar tissue causes the anal canal to shrink a little. This is

a rare event, but if it does occur is treated by stretching the anus under another anaesthetic.

- **Bleeding.** Continued bleeding can occur if the area is slow to heal. This is rarely a major concern and will eventually stop, but patients need to be aware of the possibility of this happening.
- **Damage to the sphincter muscles.** 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.

What are the alternatives?

It is important to try all non surgical treatments before considering haemorrhoidectomy. This includes dietary improvements, avoiding straining (e.g. when lifting), and lifestyle changes to improve your bowel function such as avoiding straining and prolonged sitting on the toilet. Haemorrhoids may also respond to the relatively simple treatment of banding or injection. However, if these methods do not work then haemorrhoids will usually continue to be a problem.

Haemorrhoids are not associated with more serious conditions such as cancer. If you do nothing they will stay about the same or get worse. They will not get better on their own. If your surgeon has recommended haemorrhoidectomy for you, then it is likely that you have already tried the other methods of treatment or they would not work for you.

Preparing for the operation

Surgery requires a short stay in hospital, usually as a day case. You may come into hospital on the day of your operation or sometimes the day before. The anaesthetist will visit you before the operation. You should have nothing to eat for 6 hours before the operation and nothing to drink for 2-3 hours beforehand.

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.

Dressings

After the operation there may be a dressing in place, held on with elastic pants. There will be some staining with blood within the first 12 hours. If you have a dressing, it will come off the next day, usually by itself. The wound will be a bit moist for a week or two. There is likely to be a yellow discharge or even some dark blood during this time. You may want to wear a small pad so that if there is still some oozing, your underwear won't be marked.

Pain

There will be some pain and some people can experience severe pain for a few days. This is usually treated with simple painkillers. By about a week later the wound should be almost pain free.

Going Home

Most patients go home the same day but occasionally an overnight stay may be required. This will depend on how fit you are, who is at home with you and how comfortable you are after the operation. You may feel more tired than usual for the first few days due to the anaesthetic.

Stitches

Any threads tied around the stumps of the piles will drop off by themselves within 4-5 days. This can be accompanied by some bleeding. Any other stitches will dissolve.

Other symptoms

There may be some purple bruising around the wound – this is normal and will fade. Occasionally you may notice difficulty controlling wind through your back passage. This will get better in a day or two.

Washing

You can wash the area with soap and water as soon as the dressing is off. You can bath or shower as often as you wish but dry the area gently by dabbing with a soft towel rather than rubbing.

Constipation

It is important to avoid becoming constipated after the operation. Straining may cause unnecessary bleeding and discomfort. A healthy diet including fibre, fruit and vegetables and drinking plenty of fluids will all help to avoid constipation. (You must drink plenty when taking in fibre or you can get constipation.) You will probably be given a laxative to take at home for the first few days.

The first time you open your bowels may be painful, but this will improve rapidly. We recommend a laxative, which works by trying to create a soft and 'easy-to-pass' stool. You may be given a laxative on discharge, otherwise you can buy it at any chemist.

Driving

You can drive as soon as you are comfortable enough to do an emergency stop safely. This is usually within 4-5 days.

Sex

You can restart sexual relations as soon as it is comfortable to do so.

Returning to work

You should be able to return to work within 1-2 weeks

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?

In the 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.

Further information

<http://www.patient.co.uk/showdoc/23068749/>

<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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