Patient Information

University Hospitals Coventry and Warwickshire NHS Trust

Colorectal

Haemorrhoidectomy

Brief description:

- Your surgeon has recommended that you undergo an operation to remove your haemorrhoids (piles). Surgery is required for certain types of haemorrhoids, or where other forms of treatment have not been able to control the symptoms.
- If you have further questions, please speak to the doctor or ward staff when you come to the hospital.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like help completing the consent form, please ask a member of our staff.

Before your procedure

You will be admitted on the day of your surgery. Just before surgery the nurse may give you an enema to empty the bowel.

During the procedure

Haemorrhoids usually have an external component outside the anus as well as the main component inside the anal canal. Depending on the number of piles, these are removed in 2 to 3 separate areas. The tissues are often left open. No special dressings are required.

After the procedure

- **Eating and drinking:** You may eat and drink normally, and we recommend a high fibre diet and fluid intake of at least 6 to 10 glasses of water daily.
- **Getting around and about:** Within a few hours of your operation, you will be encouraged to get up and walk around with assistance.
- **When you can leave hospital:** Discharge from hospital will be the same day. You should expect to have your bowels open within 2 to 3 days and this will be uncomfortable at first. A small amount of bleeding is expected.
- **Returning to normal activities:** The time taken to get back to normal activities varies for different people and with the extent of your surgery. Do as much as you feel comfortable doing. If lifting causes you discomfort, you should avoid it. Most people need a week or two off work, but this will depend on what type of work you do.

Pain relief

In order to minimise the pain associated with your operation, a number of measures will be taken:

- At the time of surgery, local anaesthetic will be injected. This will provide pain relief for much of the day.
- After surgery you will be given painkillers to take by mouth. The usual medication is Ibuprofen. The medication can irritate the stomach and therefore must be taken with food.
- You are likely to be given one antibiotic (Metronidazole) for one week after the operation to prevent infection. You are advised not to take alcohol during the time when you are on antibiotic.
- You are likely to be given two laxatives (Lactulose and Fybogel) for one week after the operation to prevent constipation.
- You may have sitz baths (a 15-minute bath where your buttocks and hips are immersed in water as warm as you can tolerate) several times daily or as often as you require them. These are very soothing and provide several hours of pain relief.

Intended benefits of the procedure

Haemorrhoidectomy removes troublesome haemorrhoids – including the external component/skin tags. It therefore controls both bleeding and prolapses.

Who will perform my procedure?

Your surgery will be performed by a surgeon with appropriate experience – usually a Consultant or Specialist Registrar. A junior surgeon in training may carry out the procedure but only under supervision of a more experienced surgeon.

Alternative procedures available

An alternative procedure is a Haemorrhoidal artery ligation operation (HALO). This procedure involves stitching the haemorrhoids blood vessels and part of the lining of the bowel to make the haemorrhoids shrink inside the bowel. The operation is usually less painful compare to the traditional haemorrhoidectomy operation. However, this operation does not remove the external component of the haemorrhoidal tissues including skin tags outside the anus.

Serious or frequently occurring risks

Haemorrhoidectomy is generally a very safe operation with few risks, but, as with any surgical procedure, complications do occasionally occur; about 1-2% patients need to have a second anaesthetic to attend to a complication. Immediately after the operation, some patients find it difficult to pass urine and a catheter may be required to empty the bladder. 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. In the long term, recurrence of symptoms is rare although a few patients develop skin tags.

Information and support

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

- Severe bleeding
- Constipation for more than three days despite using a laxative
- Difficulty in passing urine
- High temperature over 38º or chills
- Nausea or vomiting

Your anaesthesia

Several different kinds of anaesthesia can be used, and the method will be tailored to your particular needs and wishes.

General Anaesthesia

- General anaesthesia is a state of controlled unconsciousness during which you feel nothing. This is important for some operations and may be used as an alternative to regional anaesthesia for others. Anaesthetic drugs injected into a vein, or anaesthetic gases breathed into the lungs, are carried to the brain by the blood. They stop the brain recognising messages coming from the nerves in the body.
- Once you are unconscious, an anaesthetist stays with you at all times and continues to give you drugs to keep you anaesthetised. As soon as the operation is finished, the drugs will be stopped or reversed so that you regain consciousness. You may be taken to the recovery room. Recovery staff will stay with you at all times.
- When they are satisfied that you have recovered safely from your anaesthetic you will be returned to the day surgery ward.
- **Risks**

  These depend on your overall health, the nature of your operation and its seriousness. There can be complications, but serious complications are very rare indeed. Probably the most common complications post operatively, for this surgery is a sore throat. This

is easily treated with mouth gargles and simple analgesia. An increased risk due to your personal health and circumstances will be discussed with you at the pre-operative visit.

Spinal or caudal anaesthetic

For some operations on the rectum/anus, a spinal anaesthetic can be used instead of a general anaesthetic. A spinal anaesthetic may be safer for some patients and be a more suitable anaesthetic than a general anaesthetic.

- **What is a spinal?**

  A local anaesthetic is injected through a very fine needle into the small of your back. This will numb the nerves around your bottom and the back of your legs. Normally you will also have some light sedation so that you are not so aware of the operation. The amount of sedation can be adjusted so that you are not anxious and have reduced awareness without being unconscious. You should not feel any pain during the operation, but you may be aware of other sensations.

- **Advantages of spinal anaesthesia**

  There may be:

  - Less effect on the heart and lungs
  - Less sickness and vomiting
  - Excellent pain relief immediately after surgery
  - Less risk of injury when you are put into the position for your surgery

- **After your spinal**

  You will return to the ward and can normally drink fluids and eat a light diet within an hour of the operation. You will remain in bed until you have full muscle power back in your legs. Please ask for help when you first get out of bed.

- **As sensation returns** you may experience some tingling in the skin as the spinal wears off. If you become aware of some pain from the

operation site then you should take some pain relief. You should tell the ward staff about any concerns or worries that you have.

- **Side effects and complications:** As with all anaesthetic techniques there is a possibility of unwanted side effects or complications. Uncommon side effects include:

    - **Headache** – When the spinal wears off and you begin to move around there is a risk of developing a headache
    - **Difficulty passing water** (urinary retention) – You may find it difficult to empty your bladder normally as long as the spinal lasts. Your bladder will work normally when the spinal has worn off.
    - **Pain during injection** – Occasionally you may feel pain or 'pins and needles' in your legs or bottom during the injection. You should tell your anaesthetist immediately as this may indicate irritation or injury to a nerve and the needle will have to be repositioned.

Rare complications:

Nerve damage – This is a rare complication of spinal anaesthesia. There may be temporary loss of sensation, pins and needles and sometimes muscle weakness that may last for a few days or even weeks but almost all of these resolve in time. Permanent nerve damage is even rarer and has about the same chance of occurring as major complications of general anaesthesia.

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