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HAEMORRHOIDECTOMY - PATIENT INFORMATION

WHAT ARE HAEMORRHOIDS?

Haemorrhoids are a small network of blood vessels arising in the anal canal. Internal haemorrhoids can enlarge, bleed, and prolapse. As they prolapse, external skin can become prominent or form skin tags. Haemorrhoids are not typically painful unless they become 'stuck outside'. They usually don't cause symptoms, but may cause bleeding, lumps, difficulty with hygiene, discomfort, or sudden and painful prolapse and thrombosis.

Haemorrhoidectomy is an operation to remove larger prolapsing haemorrhoids. This is usually done under general anaesthesia, usually as a day case or a one night stay.

The operation aims to remove the largest of the external (outside) and internal (inside) parts of the haemorrhoid. Care is taken to remove the haemorrhoids and protect the underlying anal sphincter muscle. Removal uses a combination of electrosurgery and a Ligasure device, which applies controlled heat to coagulate and remove the haemorrhoid. The use of stitches is rare, and small open wounds are left 'open' to heal.

PREPARATION

In the days leading up to your haemorrhoid surgery, a normal diet is taken. Solids need to cease at least 6 hours prior to your procedure, and clear fluids to stop at least 2 hours before hospital arrival.

You can start a stool softener 3 days before your surgery. Generally, MOVICOL (one sachet daily) is suggested and is available over the pharmacy counter. This will be continued in the postoperative period to help keep bowel motions soft and as comfortable as possible.

An enema will usually be administered by the nursing staff at the hospital on your arrival. This is not painful, and aims to empty your bowel so that there is a short period of rest after your surgery. Please ensure you pass urine prior to your surgery.

THE OPERATION

The procedure is performed under a general anaesthetic, after meeting the anaesthetist who inserts an intravenous cannula. Local anaesthetic is used to try to numb the area for up to 24 hours after your surgery. The procedure may take up to 30-45 minutes, depending on the size of the haemorrhoids. Where possible, problematic haemorrhoids are removed entirely. It is necessary to leave healthy skin and anal lining between excision sites.

RECOVERY

PAIN

Haemorrhoidectomy is typically a painful procedure, particularly for the first one to two weeks. Most people would plan to not return to work for this time.

MEDICATIONS

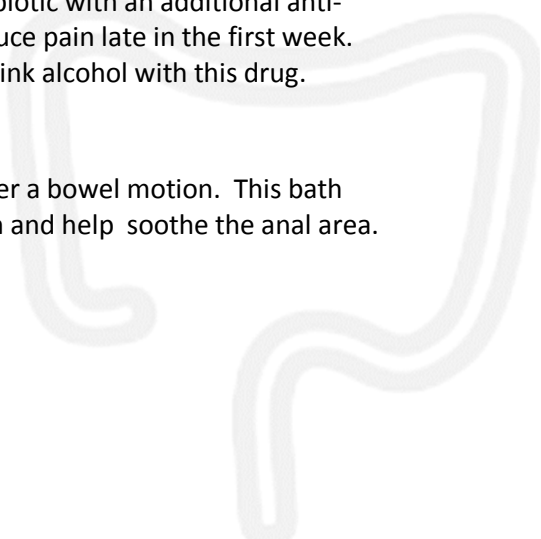
- Pain relief medication will be arranged at discharge. Take as directed and heed any warnings on the packaging. Feel free to obtain and commence movicol beforehand, and use your own Paracetamol/Nurofen.
- You may only need stronger pain relief for the first few days after your operation then a simple medication such as paracetamol (taken as per packaging) may be all that is necessary. Stop these as soon as possible to avoid constipation.
- You can resume all your normal medications including aspirin; but please discuss restarting any other blood-thinning medications. Any diabetic medications should have been discussed well prior to your operation.

Your anaesthetist will advise on your discharge pain relief, but will otherwise be similar to:

- **PARACETAMOL (Panadol):** 1000mg (two tablets) four times a day. Start this early and take it regularly. Do not wait until you have pain.
- **IBUPROFEN (Nurofen):** 400mg (two tablets) three times a day with food. Take this alongside the paracetamol. They both work in different ways and have additive pain relief effects.
- **TARGIN/ENDONE:** Take as prescribed by your anaesthetist. Targin is typically one tablet morning and night. Endone is typically a 5mg tablet taken every 3-4 hours as required.
- **MOVICOL** Take one sachet twice a day for the first few days. If your bowel motions become runny or too frequent, reduce to once a day. This can continue for as long as you need to, and can be safely increased if required.
- **METRONIDAZOLE:** one tablet three times daily. This is an antibiotic with an additional anti-inflammatory effect. There is some evidence that this will reduce pain late in the first week. This is only used for larger haemorrhoid operations. Do not drink alcohol with this drug.

ADJUNCTIVE MEASURES

Take a warm bath or shower two to three times a day, particularly after a bowel motion. This bath does not require salt or any additives. This will help relieve any spasm and help soothe the anal area.



SWELLING/TAGS/RESIDUAL HAEMORRHOIDS

Swelling and inflammation around the haemorrhoidectomy wounds is normal. There will often be a sensation of a new lump, prolapse, tag or even haemorrhoid. This is usually the adjacent skin which has become swollen and inflamed. Regardless of its appearance, it is important to allow 6-8 weeks for the swelling to subside and healing to complete before assessing the final outcome.

BLEEDING

It is expected that you will have some bleeding, particularly with bowel movements and this may continue for up to a month after surgery. There may also be some mucus discharge for a few weeks while the area is healing, this is normal. You may find it helpful to wear a sanitary pad in your underwear. There should be no other use of wound dressings or the application of topical creams aside from what is prescribed and discussed with Dr Morris. Most creams have components that will only delay healing (e.g. steroids).

DIFFICULTY PASSING WATER (URINE RETENTION)

This is a relatively common problem, particularly in men. If you experience difficulty in passing water, ensure you take your pain medication and try a warm bath or shower. This may require an insertion of a catheter into the bladder overnight, with a trial of removal the following day. If this occurs after discharge, then please present to the Emergency Centre.

AVOID CONSTIPATION

You need to continue taking the laxative as ordered (usually Movicol). We are aiming for regular, soft, formed bowel movements. You should immediately return to a normal diet with adequate fibre (e.g. fruit, vegetables, wholegrains) with adequate water intake. If stools are excessively loose, please reduce or stop your laxative. You are able to safely increase or decrease the Movicol as you require. This can continue until your bowel motions are regular, softly formed and comfortable.

OTHER

- Prolonged or delayed wound healing can occur in approximately 1 in 50 patients at your 6-8 week review. This can present with some persistent pain, discharge or a small amount of persistent bleeding. This may require the application of a cream or further procedures.
- Altered continence (control) is not uncommon, particularly in the first two weeks. Utmost care is taken to protect the underlying anal sphincter muscles. This will be checked at your follow-up visit, and should improve when healing is complete.
- If you are discharged the day of or the day after surgery it may take 24 hours or more to recover from the anaesthetic. During this time you should not drive a vehicle, operate machinery or power tools, consume alcohol or make any major decisions. A responsible person should remain with you during this time.

ACTIVITY

- There are no restrictions on your normal daily activities, but excessive or strenuous activities should be avoided for 2-3 weeks until you are comfortable.
- Continue with deep breathing, coughing and leg exercises as instructed in hospital and wear the anti-thrombosis stockings (if you were fitted) until you have returned to your normal level of activity.

- You may find that you tire easily initially and that an afternoon rest is required. Be sensible, listen to your body.
- You may drive when you feel comfortable and without any restriction from either pain, discomfort or medication side effects.
- Activities such as sex and working behind a desk can resume as soon as you are comfortable. Most people allow for two weeks off work.

BOWEL MOVEMENTS

- You will pass a soft pack with your first bowel movement. This may look like slime or a blood clot, and is normal.
- Do not strain during bowel movements and keep toilet visits as brief as possible. The anal canal may swell and send false signals that you need to defecate. Straining and prolonged time on the toilet will worsen this swelling and inflammation.
- Continue with Movicol as long as needed.

DIET

- There is no restriction to your diet – a well-balanced, high fibre diet and adequate fluid intake (i.e. 6 – 8 glasses of water a day) is very important. Please consider the addition of a fibre supplement to your diet long-term. Popular versions include Metamucil or Benefibre.
- You may find that you can return to this diet very quickly, or you may feel like smaller, lighter meals initially. Be sensible and be guided by how you feel and your appetite.

FOLLOW UP

Please make sure you have an appointment with your doctor 6-8 weeks after your operation, or as directed. The first two weeks can be particularly difficult, but your symptoms will improve.

PLEASE CONTACT THE ROOMS, YOUR GENERAL PRACTITIONER OR ATTEND THE EMERGENCY CENTRE IN THE UNLIKELY EVENT YOU EXPERIENCE ANY OF THE FOLLOWING:

- Prolonged or profuse bleeding the passage of clots, please go direct to a hospital facility with an emergency department. Try and apply firm pressure to the area.
- Inability to pass urine within 12 hours if you went home on the same day as your operation. If unable to contact your doctor please go to your nearest hospital with an emergency department.
- You experience nausea and vomiting which does not settle/persists beyond 4-6 hours.
- You experience fever or chills and sweating.
- You have a temperature above 38° C.
- Worsening or spreading anal pain.
- Anal discharge is increasing, purulent and offensive.