

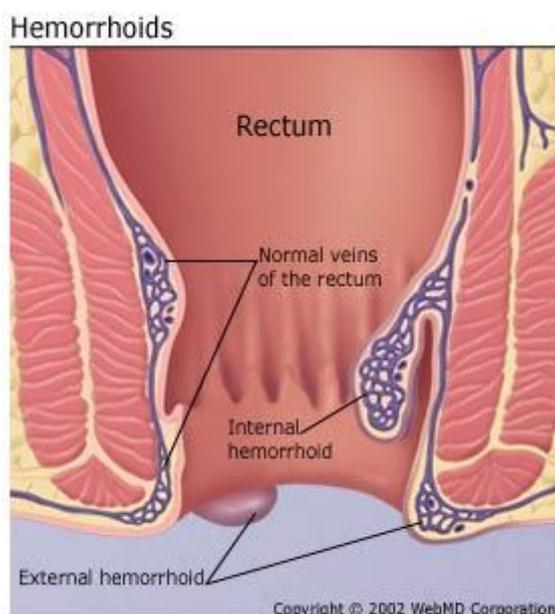
About removal of haemorrhoids (Haemorrhoidectomy)

Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

What are haemorrhoids?

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



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. This is called a prolapse. 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 eg whilst lifting or vomiting can all contribute to the development of haemorrhoids.

What treatments are available?

If haemorrhoids are small, simple attention to ensuring a high fibre diet and/or some laxatives to keep the stool soft, together with the use of creams and suppositories as directed by your doctor, may be all that is necessary. These will reduce the inflammation in the haemorrhoids and they will be less symptomatic. The most important treatment is to reduce the length of time sat on the toilet (i.e less than 3 minutes). This will reduce the piles forming or worsening.

There are a variety of more invasive treatments for haemorrhoids including banding which can be done in the clinic and involves placing a rubber band around the haemorrhoid(s). Your surgeon will assess your case and talk you through the appropriate treatment options.

For bleeding haemorrhoids that do not respond to banding, you may be offered a HALO Procedure (Haemorrhoidal artery ligation operation) or a THD (Transanal Haemorrhoid Dearterialisation) which are similar procedures that are performed under a general anaesthetic. This is a day-case procedure where the blood vessels that supply the haemorrhoids are stitched to reduce the blood going to the haemorrhoid, causing them to reduce in size.

For prolapsing haemorrhoids, we may offer surgical removal of the haemorrhoids. This is called a haemorrhoidectomy.

What does haemorrhoidectomy involve?

Surgery is usually done under general anaesthetic, but for some patients a spinal anaesthetic is more suitable. This is when a local anaesthetic is given through the back to numb the nerves for a few hours from the waist down. During the operation, the anus muscle is stretched and the piles are trimmed off.

What are the alternatives?

If you do nothing the piles will stay the same or may get worse. They will not get better on their own, unless you address your toileting habit. If your surgeon has recommended haemorrhoidectomy for you, then it is likely that you have already tried the other treatments or they would not work for you.

Preparing for the operation

Surgery can be done as a day-case, but does sometimes require an overnight stay. You will come in to hospital on the day of your operation. 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.** You will be given either suppositories or an enema before surgery.

After the operation

Going home – This will depend on how fit you are, who is at home with you and how comfortable you are after the operation. Most patients go home within 2-3 days. You may feel more tired than usual for the first few days due to the anaesthetic.

Pain – There will be some pain. This is usually treated with simple painkillers. By about a week or two the wound should be virtually pain free.

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 is always 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.

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 the 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. Take a healthy diet including fibre, fruit and vegetables and drink plenty of fluids to help avoid constipation. You must drink plenty when taking in fibre or you can cause constipation. You will probably be given a laxative to take at home for the first few days. The first time you open your bowels, it may be a bit painful, but this will improve rapidly. We recommend Fybogel as a natural laxative which works by trying to create a soft and 'easy-to-pass' bulky stool. You may be given it on discharge – if not it is freely available over the counter and is the sort of natural laxative which you may take indefinitely, if you need, as it will not make your bowels 'lazy'.

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.

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

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:

1. **Pain** – It is normal to experience quite a degree of discomfort in the first few days after this operation. Rarely this can continue and give rise to chronic pain.

2. **Stenosis** – Narrowing of the outlet of the anus (stenosis) can occur if a lot of scar tissue causes the anal canal to shrink a little. This is a rare event, but if it should occur is managed by stretching the anus under another anaesthetic.
3. **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 potential.
4. **Poor healing** – There is risk of an anal fissure or area that does not heal fully.
5. **Recurrence** – there is a chance of haemorrhoids returning. This is more likely if sustained changes are not made to your toilet habiting. It is vital that you do not sit on the loo for long periods of time and do not strain to open your bowels.

What should I do if there is a problem?

If you have persistent pain, bleeding or symptoms which you are not expecting, please contact your GP. If your GP cannot help, please contact your consultant's secretary at the North Devon District Hospital on 01271 322577.

Further information

If you are worried or unclear about any aspect of your haemorrhoid surgery, please ask the doctors and nurses for more information. Remember we are here to help.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of the staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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