

# Review Only

## CR09 Haemorrhoidectomy

### What are haemorrhoids?

Haemorrhoids, also known as piles, are soft fleshy lumps just inside the back passage (anus). They have a rich blood supply and bleed easily, usually causing fresh bright-red bleeding when a motion is passed. They do not usually cause pain but can cause itching around the anus. When large, they can pass through the anus (prolapsed pile), feeling like a lump when you clean yourself (see figure 1).

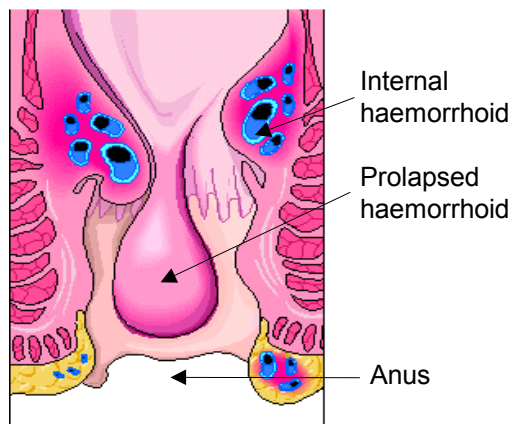


Figure 1

Back passage showing a prolapsed haemorrhoid

Your surgeon has recommended a haemorrhoidectomy. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

### How do haemorrhoids happen?

Haemorrhoids develop gradually, often over a long period of time. They are associated with constipation, particularly if you need to strain to open your bowels. They often run in families and can be made worse by pregnancy.

### What are the benefits of surgery?

Surgery will remove the haemorrhoids. You should no longer have any of the symptoms that haemorrhoids can cause.

### Are there any alternatives to surgery?

Haemorrhoids can often be successfully treated by simple measures such as making sure your motions are bulky and soft, and that you do not strain while opening your bowels. Eating more fibre and drinking more fluid usually improves the way your bowels work.

If these simple measures are unsuccessful, the haemorrhoids can usually be treated successfully in a clinic. Local treatments aimed at shrinking the haemorrhoids include 'banding' or 'injecting' the haemorrhoids. In 7 out of 10 people these treatments are successful, however they may need to be repeated. The treatment is usually painless but can cause discomfort for up to a day.

Only when your surgeon has tried these treatments and ruled out other causes of your symptoms will they recommend a haemorrhoidectomy.

### What will happen if I decide not to have the operation?

You will continue to bleed at times but you may accept this. You can decide to continue with simple measures or local treatments. As long as the bleeding is only caused by your haemorrhoids and you are not anaemic (your body does not produce enough healthy red blood cells), it should be safe to continue as you are. However, it is important that you are examined by a specialist to make sure that the bleeding is coming from your haemorrhoids and nowhere else.

## What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

A haemorrhoidectomy is usually performed under a general anaesthetic. However, a variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after surgery. Your surgeon or anaesthetist may give you antibiotics during the operation to reduce the risk of infection. The operation takes about twenty minutes.

Your surgeon will examine your back passage and lower bowel. The haemorrhoids can be removed by either cutting them away or using a staple gun. Your surgeon will make sure that the blood vessels that supplied the haemorrhoids have stopped bleeding. They may inject local anaesthetic near your back passage. This is effective at reducing pain after the operation.

At the end of the operation, your surgeon will usually apply a dressing which may be in your back passage. The dressing will dissolve or fall out when you pass a motion.

## What should I do about my medication?

You should make sure your surgeon knows the medication you are on and follow their advice.

You may need to stop taking warfarin or clopidogrel before your operation.

If you are a diabetic, it is important that your diabetes is controlled around the time of your operation. Follow your surgeon's advice about when to take your medication.

If you are on beta-blockers to control your blood pressure, you should continue to take your medication as normal.

## What can I do to help make the operation a success?

### • Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

For help and advice on stopping smoking, go to [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk).

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to [www.eatwell.gov.uk](http://www.eatwell.gov.uk).

### • Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.

For information on how exercise can help you, go to [www.eidoactive.co.uk](http://www.eidoactive.co.uk).

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

## What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

## 1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

## 2 General complications of any operation

- **Pain.** A haemorrhoidectomy can be painful. The local anaesthetic and painkilling medication will help to keep you comfortable. The pain can continue for two to three weeks while the raw areas in your back passage heal. The pain may be less if a staple gun is used. You will need medication to keep your motions soft.
- **Bleeding** after surgery. If the blood vessels start to bleed again soon after surgery, you may need another operation to stop the bleeding (risk: less than 1 in 100). If your haemorrhoids were cut away, bleeding may happen one to two weeks after surgery. However, this usually settles on its own. If you do get bleeding, let your doctor know as you may need to have antibiotics to reduce the risk of infection.
- **Infection of the surgical site** (wound). To reduce the risk of infection it is important to keep warm around the time of your operation. Let a member of the healthcare team know if you feel cold. In the week before your operation, you should not shave the area where a cut is likely to be made. Try to have a bath or shower either the day before or on the day of your operation. After your operation, you should let your surgeon know if you get a temperature, notice pus in your wound, or if your wound becomes red, sore or painful. The wounds are usually left open to reduce the risk of infection. An infection usually settles with antibiotics but you may occasionally need another operation.
- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. Nurses will encourage you to get out of bed soon after surgery and may give you injections, medication or special stockings to wear.

## 3 Specific complications of this operation

- **Incomplete haemorrhoidectomy**, which sometimes happens if the haemorrhoids are so widespread that it would not be safe to remove them all during the operation. Some tissue may be left so you may still feel a lump.
- **Difficulty passing urine**, which may need a catheter (tube) in your bladder for a day or two (risk: 1 in 5). The risk of needing a catheter is higher if you had difficulty passing urine before the operation.
- **Anal stenosis**, where the back passage narrows due to scarring. This may need further surgery.
- **Developing skin tags**, where small pieces of skin are left at the edge of the anus after the wounds have healed.
- **Developing an anal fissure**, which is a tear in the skin around the back passage caused by a wound not healing properly. There are simple treatments for an anal fissure but sometimes surgery is needed.
- **Incontinence**, which can happen to a minor degree soon after surgery but should settle. If it does not settle, you may need further treatment.

### How soon will I recover?

#### • In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home after two to three days, usually after passing your first motion. If your haemorrhoids were treated using a staple gun, you should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency. You should drink plenty of fluid and increase the amount of fibre in your diet to avoid constipation. This is important for the first few days after your operation. You may be prescribed laxatives to help prevent you becoming constipated.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

#### • **At home**

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

The wounds often take several weeks to heal completely and you may need to wear pads until then. There are no open wounds with the stapled technique. Slight bleeding or discharge is common until your wounds have healed. A nurse should check the wounds after about a week. You will normally be seen in the clinic to make sure everything has settled.

#### • **Returning to normal activities**

You should be able to return to work within three to four weeks depending on your type of work.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

#### • **The future**

You should make a full recovery and the symptoms should clear completely. However, occasionally haemorrhoids come back. If your symptoms continue, particularly bleeding, you should let your doctor know.

## **Summary**

Haemorrhoids are a common problem. If non-surgical treatments fail, surgery is usually recommended.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

## **Further information**

- NHS smoking helpline on 0800 022 4332 and at [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)
- [www.eatwell.gov.uk](http://www.eatwell.gov.uk) – for advice on maintaining a healthy weight
- [www.eidoactive.co.uk](http://www.eidoactive.co.uk) – for information on how exercise can help you
- [www.aboutmyhealth.org](http://www.aboutmyhealth.org) – for support and information you can trust
- British Society of Gastroenterology at [www.bsg.org.uk](http://www.bsg.org.uk)
- Digestive Disorders Foundation at [www.digestivedisorders.org.uk](http://www.digestivedisorders.org.uk)
- NHS Direct on 0845 46 47 (0845 606 46 47 – textphone)

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