

CR09 Haemorrhoidectomy

Expires end of February 2023

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What are haemorrhoids?

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

Your surgeon has suggested 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 to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team.

Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

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, 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 treated by simple measures, such as making sure your bowel movements are bulky and soft, and that you do not strain while opening your bowels.

Drinking plenty of fluid and increasing the amount of fibre in your diet usually improves the way your bowels work.

If these simple measures are unsuccessful, the haemorrhoids can usually be treated in a clinic. Local treatments aimed at shrinking the haemorrhoids include 'banding' or 'injecting' the haemorrhoids. For 7 in 10 people these treatments are successful but they may need to be repeated. The treatment is usually painless but can cause discomfort for up to 24 hours.

Variations on the way the procedure is done are available. Your surgeon might use a special device that helps

them see where the haemorrhoid blood flow is. They can then place a stitch through the vessels to decrease the blood supply to the haemorrhoid. Prolapsing haemorrhoids can also be lifted back up into the back passage with stitches.

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.

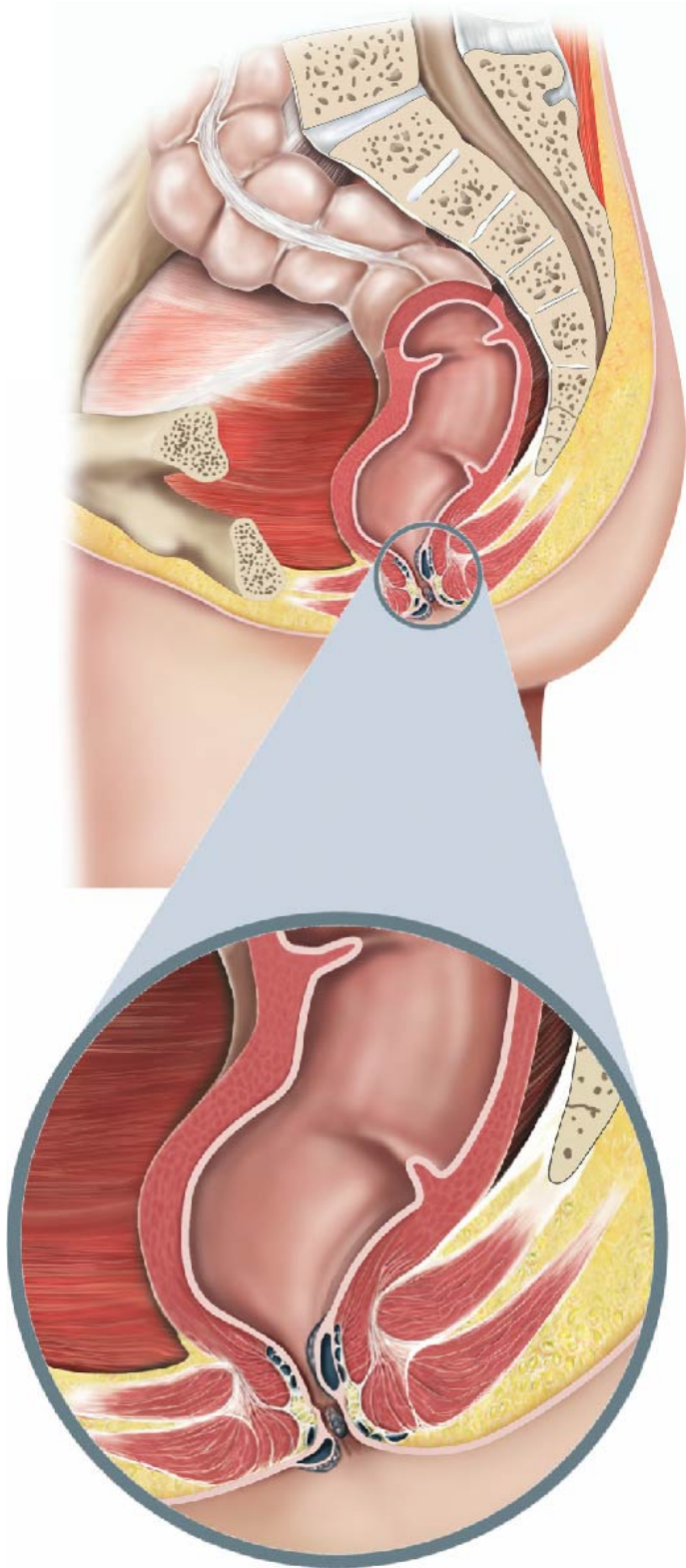
As long as the bleeding is caused only by your haemorrhoids and you are not anaemic (your body does not produce enough healthy red blood cells), it should be safe to continue as you are.

However, it is important that you are examined by a specialist to check if 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.

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.



Haemorrhoids in the anal canal

The operation usually takes about 20 minutes. Your surgeon will examine your back passage and lower bowel before removing the haemorrhoids.

Your surgeon will make sure that the blood vessels that supplied the haemorrhoids have stopped bleeding.

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 bowel movement.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

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

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- Try to have a bath or shower either the day before or on the day of the operation.

- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

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.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

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

General complications of any operation

- Bleeding after the operation. If the blood vessels start to bleed again soon after the operation, you may need another operation to stop the bleeding (risk: less than 1 in 100). If your haemorrhoids were cut away, bleeding may happen after 1 to 2 weeks. Let your doctor know as you may need to have antibiotics to reduce the risk of infection.

- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.

- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause

pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Incomplete haemorrhoidectomy, 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. You may need a catheter (tube) in your bladder for 1 to 2 days (risk: 1 in 5). The risk

of needing a catheter is higher if you had difficulty passing urine before the operation.

- Making a hole through the wall of your bowel (risk: less than 1 in 1,000), if your surgeon removed the haemorrhoids using a staple gun. This can cause peritonitis (inflammation of the lining of your abdomen).
- Anal stenosis, where your back passage narrows caused by scarring. You may need another operation.
- Developing skin tags, where small pieces of skin are left at the edge of your anus after your wounds have healed.
- Developing an anal fissure, which is a tear in the skin around your back passage caused by a wound not healing properly. There are simple treatments for an anal fissure but you may need another operation.
- Incontinence can happen to a minor degree soon after the operation but usually settles with time. If it does not settle, you may need further treatment.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have

symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. A haemorrhoidectomy can be painful. The local anaesthetic and painkillers will help to keep you comfortable. The pain can continue for 2 to 3 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 bowel movements soft.

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 the same day, especially if your haemorrhoids were treated using a staple gun. However, your doctor may recommend that you stay a little longer.

Drink plenty of fluid and increase the amount of fibre in your diet to avoid constipation. This is important for the

first few days. You may be given laxatives.

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

Returning to normal activities

If you had sedation or a general anaesthetic:

- 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;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

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. It is common to get a little bleeding or discharge until your wounds have healed.

The healthcare team should check your wounds after about a week. You will usually be seen in the clinic to check if everything has settled.

You should be able to return to work within 3 to 4 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, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

You should make a full recovery and the symptoms should clear completely. However, haemorrhoids can come back. If your symptoms continue, particularly bleeding, 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 but complications can happen. You need to know about them to help you to make an informed decision about

surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Jonathan Lund (DM, FRCS)

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