

# Haemorrhoidectomy

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## Information for day surgery patients

This booklet explains haemorrhoids, the symptoms and why a procedure is undertaken. An explanation of the benefits, alternatives, consent and the operation are included. If you have any other questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

## What are Haemorrhoids?

Haemorrhoids (commonly known as piles) are swollen blood vessels in the anal canal (back passage). This creates swellings, similar to the varicose veins that some people have on their legs. They are very common. One in three people experience haemorrhoids at some time in their life.

The most usual cause is constipation; this is because straining to open the bowels causes congestion of, and eventually enlargement of, the veins in the anal canal.

Haemorrhoids also seem to occur more frequently in some families, and are more common during or after pregnancy. They can cause bleeding and discomfort and many protrude outside the anal canal. There are a number of different treatment options.

Symptoms vary according to severity of the haemorrhoid, but may include bleeding, mucous discharge, itching and/or pain. You may feel an uncomfortable 'weight' around your anus, or experience discomfort or pain when opening your bowels. You may find blood on your stools or underwear after opening your bowels, and if your haemorrhoid is collapsed you will be able to feel it when wiping after you opened your bowels.

## Why do I need this procedure?

An operation to remove haemorrhoids (excision) is undertaken for one of the following reasons:

- To relieve persistent discomfort/pain
- To prevent bleeding from the anus
- To surgically correct strangulated haemorrhoids, a condition when the anal sphincter (ring of muscle) squeezes the prolapsed haemorrhoids and interrupts blood flow.

## What are the benefits?

- To relieve discomfort/pain
- To prevent complications that may arise such as strangulated haemorrhoids.

## What are the alternatives to surgery?

- Changing your diet to include more fibre and keeping you weight under control may help to prevent your haemorrhoids from getting worse.
- Suppositories and creams are available to relieve the symptoms such as pain and itching, however these will not get rid of your haemorrhoids.



## Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.

## What happens before the operation?

We will usually give you a general anaesthetic for this procedure, as well as a local anaesthetic to the area to help keep you comfortable when you wake up.

Further information on the type of anaesthetic is available to you when you attend the Day Surgery Centre for your pre-assessment. Please bring along any questions with you that you may have and our staff will help to answer them for you.

## What happens during the operation?

Several different operations can be performed depending on the size and severity of your haemorrhoids.

**Examination under anaesthetic:** Refers to the surgeon physically examining your back passage to confirm the extent of your condition. He/she may use a metal instrument with a light, (a proctoscope) to gain a better view.

**Banding of haemorrhoid(s):** This involves using a small instrument to put a very tight elastic band over the haemorrhoid. This band cuts off the blood supply so that the haemorrhoid should drop off, usually within three – seven days after the banding. The principle of this procedure is the same as for docking lambs'tails.

**Surgical excision of haemorrhoids(s):** A haemorrhoidectomy involves the haemorrhoid(s) being cut away and involves using electrical cautery, ties and stitches to seal the blood vessels to stop the bleeding. If stitches are used these will dissolve around 7-10 days.

This procedure can also be undertaken using a 'surgical gun'. This disposable device both cuts and staples the haemorrhoid(s) in order to remove them and the procedure is known as a stapled anoplexy.

## How long does the operation take?

This depends on how many haemorrhoids you have and if they are inside or outside your body, but the average time ranges from 15-45 minutes.



## What happens after the operation?

If you had a general anaesthetic you will be returned to the ward for at least one hour to allow you time to recover, as you will feel drowsy. After your operation, you may have a small pad/gauze either put over or inserted into your back passage, depending on the extent of your surgery. This can feel strange and possibly rather uncomfortable, and it may make you feel as if you want to open your bowels (although you are not likely to do so).

You will be asked to leave the pad/gauze in place till your bowels open, (unless otherwise instructed by your surgeon) when it should fall away on its own.

You can expect to feel some discomfort after these operations, please ask the nursing staff for pain relieving medication while you are on the ward.

You will be able to leave the Day Surgery Centre on the same day once your escort has arrived and the surgeon and nursing staff are happy to discharge you home.

## Returning to normal activity

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.

Most people need a week or two off work but this will depend on what work you do and the type of surgery you had, so please speak to the nursing staff for specific advice.

You might experience some pain, but this can be relieved by pain relieving tablets, which we will give you to take home. The nursing staff will explain to you how to take these tablets, before your discharge.

You can have a bath the following day and this can soak the dressing out if your bowels have not opened by then. It is quite possible that there will be some blood loss in the bath (do not be alarmed – this can make the water look very red).

Upon removal or the passing of pad/gauze it is important to keep the area clean by bathing or showering frequently. You might also find this will relieve some of the soreness. However do not use any scented soaps or bath products, as this may irritate the area.



It is very important that you eat a high fibre diet, such as fresh fruit, vegetables and other roughage as well as drinking plenty of fluids, especially water. This will prevent you from straining when going to the toilet to pass stools.

You may be given laxatives to take home. This will soften the stools and stimulate a bowel action. You may experience some pain when you first open your bowels and a little bleeding may be present. This is to be expected.

If a dressing has been applied please follow the specific advice given by the nursing team. If this is the case we will provide you with an initial three-day supply of dressings. Normally this aftercare is provided either at your GP by the practice nurse or a district nurse. This will be confirmed before you leave the Day Surgery Centre.

### **Will I need to come back to the hospital?**

If your surgeon needs to see you again, we will inform you before you go home. The date of the appointment will be confirmed either by phone or in writing.

### **What are the possible risks from the anaesthetic?**

#### **If you have a general anaesthetic:**

Immediately after a general anaesthetic you may feel tired, dizzy or weak. You must have someone collect you and stay with you for the first 24 hours. During the first 24 hours you must not:

- Drive or operate any motorised vehicle or electrical equipment
- Sign any legal documents or make important decisions
- Drink alcohol

If you have either general or local anaesthetic: Whatever type of operation you have had, during the first week to 10 days, you may occasionally feel weak or dizzy. If this happens, sit down until the feeling passes. You may feel a little depressed; we call this 'post-operative blues'. This should soon pass but if symptoms persist, please contact the Day Surgery Centre for help and advice.

### **What are the possible risks of surgery?**

Common side effects that will ease over the first week include:

**Bleeding:** Please do not expect the bleeding to clear immediately. Very often after the operation the bleeding can continue intermittently for three-four weeks.



**Pain:** Pain following surgery and on having your bowels open will occur. Please follow the advice given by the nursing staff and take the prescribed painkillers regularly for the first two days to prevent the pain building up and being hard to control.

**Constipation:** Please follow the high fibre dietary advice as given above.

Occasionally you may also experience some other less common side effects, but more worrying risks:

**Infection:** this is a risk after any operation, but it is uncommon after removing haemorrhoids.

The symptoms are:

- Increasing tenderness at wound site and surrounding area
- Increasing redness at wound site(s)
- A raised temperature of 38°C (100.4°F) or greater.

If you think your wound has become infected please contact your GP (home doctor) immediately. You may require antibiotics or possibly be referred back to the hospital for review.

**Excessive bleeding:** if you are still bleeding after four weeks please see your GP for advice. He/she may refer you back to the hospital for review.

## Ongoing pain and discomfort

**Incontinence of stool:** This is very rare (less than 1%). Women with previous damage to their anal sphincter due to childbirth or people who have had previous anal surgery are more at risk. Please discuss this with your surgeon on your admission to the Day Surgery Centre if you are concerned or fall into either of these two groups.

**Recurrence of haemorrhoids.**

## Valuables

Please do not bring in valuables, jewellery or large sums of money. If this is unavoidable, please ask a relative to take them home for you. The hospital cannot accept liability for the loss of personal items.



## Who can I contact with queries and concerns

If you have any further problems following your operation, please contact us: **Day Surgery Centre** on **020 3299 3483** or **020 3299 3674** between 7.30am and 7pm (Monday to Friday). Ask to speak to the assessment nurse.

### **Urgent enquiries or emergencies**

For urgent enquiries only please call **08448 222888** and ask for pager number **813086**. Please leave a message with your name and telephone number and the on-call nurse will get back to you within the hour.

If you have had no reply after one hour, please contact your GP or nearest Emergency Department.

## Useful addresses

### **The Association of Coloproctology of Great Britain and Ireland**

[www.acpghi.org.uk](http://www.acpghi.org.uk)

### **National Institute for Health and Clinical Excellence**

[www.nice.org.uk](http://www.nice.org.uk)

### **NHS Direct**

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

## Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.



## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: **kch-tr.PALS@nhs.net**

You can also contact us by using our online form at  
**[www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)**

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**

This leaflet is based on one designed by the Association of Coloproctology of Great Britain and Ireland, but has been modified (with permission) by us to reflect local policies. The Association of Coloproctology website ([www.acpgbi.org.uk](http://www.acpgbi.org.uk)) has further information on all aspects of colon and rectal disease.