HAEMORROIDECTOMY

BRIEF DESCRIPTION

Haemorroids (piles) are abnormal swollen veins that develop in the anal canal. Mostly they are small and have no symptoms, but they can become painful and inflamed. There may be bleeding when you pass stool or a sensation of something pushing out the anus when you strain. During the haemorroidectomy operation the swollen veins are cut away and the resulting wound is either left open or absorbable sutures are used to close the raw area.

WHY IS THIS OPERATION NECESSARY?

An operation is mostly necessary when all other treat-ments have failed.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Following a healthy diet and preventing constipation may prevent piles, but once the haemorroids are present it is often necessary to treat this with ointment when it flares up. Small haemorroids can be injected with a solution that makes them shrink or small rubber bands can be used to pinch them off. These treatments only work for small (grade 1-2) haemorroids. For large piles the alternative to excision is using a staple device, or ultrasound-guided sutures to interrupt the blood supply.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result.
However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

These are risks which may occur with any surgical proce-dure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

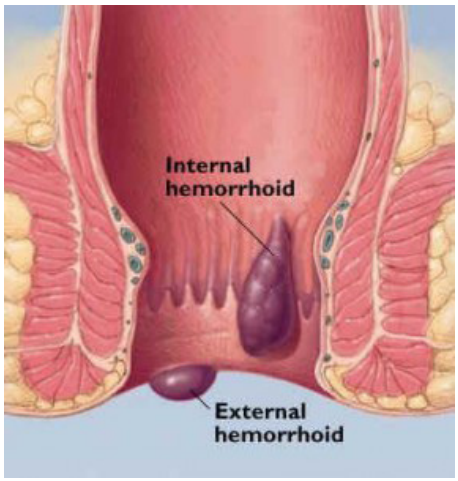
There is a small chance that the external anal sphincter muscle is damaged causing weakness with possible leaking of wind or stool. The wound make take a long time to heal or develop into a chronic anal tear which is very painful. Later complica-tions may occur such as an anal stricture or narrowing of the anus opening. There is also a chance that the haemorroids could recur.

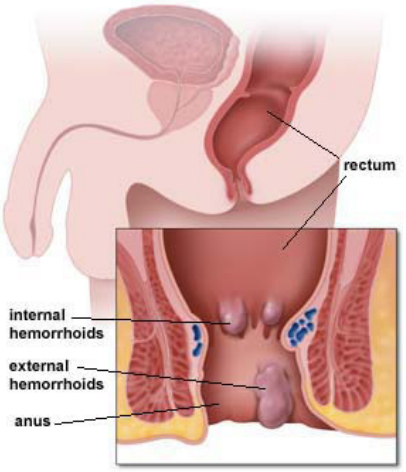
WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation.
Sometimes the surgeon will ask the nurses in the ward





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

to give you an enema before you go to the operating theater

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

You may be issued with compression stockings that will help prevent blood lots in your legs.
If you are having a general anaesthetic, the anaesthet-ist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.
You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown with disposable underwear, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 45 minutes

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. There will be a gauze dressing over the wound but this can be removed as soon as you go to the toilet for the first time.

WILL I HAVE PAIN?

A haemorroid operation is painful, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. The surgeon will usually inject local anaesthetic in the wound after the operation, but this will wear out after a few hours. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You can eat normally as soon as you wake up.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You should be able to walk without too much discomfort as soon as you wake up and will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually you can go home on the same day.

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and also medication to prevent constipation. You will be given instructions on the dressings and how to care for the wound. You will also need to make an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

You should follow a normal diet and try to pass stool as normal. The first time you open your bowels it may be painful but this rapidly improves. If you have not passed any stools after two days and you feel uncomfortable, contact the doctor. It is important not to become constipated. There may be an ooze of a small amount of blood-stained fluid so you could wear a pad to prevent staining your clothes. The wound should be kept as clean and dry as possible. Sitz-baths are useful to clean the area two or three times a day but you could bath or shower as normal. Two tablespoons of salt in a shallow bath helps to aid the healing.

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible but you may find sitting down for long periods or activities like cycling can be painful for a week.

HOW SOON CAN I DRIVE A CAR?

After 3 days

HOW LONG WILL I BE OFF WORK?

Usually two to three weeks