

Procedure Information Sheet - Haemorrhoidectomy

Introduction

Haemorrhoids, also known as piles, are dilated vascular tissue in the anal mucosa. The exact cause is unknown, but they are strongly associated with constipation, pregnancy, aging and genetic factors. They usually present as rectal bleeding, pain or prolapsed. They can be divided into internal and external haemorrhoids.

Indications

Internal and external haemorrhoids.

- Doctors treat differently according to the severity of disease.
 1. Early piles or piles with mild symptoms :
 - Life style modification; for example, high fibre diet.
 - Anal ointment and suppository.
 - Injection of sclerosant.
 - Banding treatment.
 2. Late piles or piles with severe symptoms :
 - Conventional excision haemorrhoidectomy.
 - Stapled haemorrhoidectomy.
- Choice between excision and stapled haemorrhoidectomy depends on the type of disease and patient's preference.

Procedure

1. The operation is performed under regional or general anaesthesia.
2. Excision haemorrhoidectomy:
 - Doctors excise the piles from the muscle underneath. The exposed wound area will then heal naturally.
3. Stapled haemorrhoidectomy:
 - A specially-designed circular stapler is inserted into the rectum and used to remove a doughnut-shaped piece of tissue above the piles. This pulls the piles back into the anal canal and also reduces blood supply to piles, which shrink gradually after the procedure.

Procedure Information Sheet - Haemorrhoidectomy

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Procedure can be performed as elective or emergency depending on the indication e.g. emergency for thrombosed piles.
3. Anaesthetic assessment before procedure.
4. Fast for 6 to 8 hours before operation.
5. Cleansing of bowel with suppositories might be required as instructed by your doctor.
6. Antibiotic prophylaxis may be required before operation.

Possible risks and complications

- Complications related to anaesthesia.
- Complications related to the procedure.
 - ✧ **Early**
 1. Pain.
 2. Bleeding.
 3. Retention of urine.
 - ✧ **Late**
 1. Secondary haemorrhage.
 2. Anal fissure.
 3. Anal stricture.
 4. Anorectal abscess.
 5. Damage to anal sphincter leading to incontinence (rare).
 6. Recurrence of symptoms may occur after surgery in the long run.

Post-operative information

A. Hospital care

- ***Usually after operation***
 1. May feel mild throat discomfort or pain because of intubation.
 2. Nausea or vomiting are common; inform nurses if severe symptoms occur.
 3. Resume diet when fully awake.
 4. Inform nurses if severe pain is encountered.

Procedure Information Sheet - Haemorrhoidectomy

➤ **Wound care**

1. Shower bath is allowed. Doctors will instruct patients how to take care of the wound.

➤ **Pain control**

1. Take pain-killer as prescribed by your doctor.
2. Other pain relief methods:
 - ◆ Warm sitz bath.
 - ◆ Ice therapy – use towel or plastic bag to wrap the ice.

➤ **Diet control**

1. Take more fluids.
2. Take high fibre diet such as vegetables, oranges, banana, etc.

B. Home Care after discharge

1. Slight oozing from the anal wound in the first 2 weeks after operation is normal.
2. Take laxative in the early post operative period.
3. Contact your doctor if severe wound pain, passage of large amount of blood or fevers occurs.
4. Follow up on scheduled as instructed by your doctor.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____ Case No.: _____

Sex/Age: _____ Unit Bed No: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____