



Procedure Information – Haemorrhoidectomy

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

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*Please fill in /
affix patient's label*

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 prolapse. They can be divided into internal and external haemorrhoids.

Indications

Doctors treat differently according to the severity of disease.

- Early piles or piles with mild symptoms:
 - Life style modification; for example, high fibre diet
 - Anal ointment and suppository
 - Injection of sclerosant
 - Banding treatment
- Late piles or piles with severe symptoms:
 - Conventional excision haemorrhoidectomy
 - Stapled haemorrhoidectomy

(Choice between excision and stapled haemorrhoidectomy depends on disease type and patient's preference.)

The Procedure

- The operation is performed under regional or general anaesthesia.
- Excision haemorrhoidectomy
 - Doctors excise the piles from the muscle underneath. The exposed wound area will then heal naturally.
- Stapled haemorrhoidectomy
 - A specially-designed circular staple 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.

Possible risks and complications

- Excision haemorrhoidectomy
 - Early: Pain, Bleeding, Retention of urine
 - Late:
 - Secondary haemorrhage, Anal fissure, Anal stricture, Anorectal abscess
 - Damage to anal sphincter leading to incontinence (rare)
 - Recurrence of symptoms may occur after surgery in the long run
- Stapled haemorrhoidectomy
 - Early: Pain, Bleeding, Retention of urine, Bowel perforation, Fistula formation
 - Late:
 - Secondary haemorrhage, Anal fissure, Anal stricture, Anorectal abscess
 - Damage to anal sphincter leading to incontinence (rare)
 - Tenesmus
 - Recurrence of symptoms may occur after surgery in the long run



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Preoperative preparation

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

After the procedure

General

1. Nausea or vomiting are common; inform nurses if severe symptoms occur.
2. Resume diet when fully awake.
3. Inform nurses if severe pain is encountered.
4. Slight oozing from the anal wound in the first 2 weeks after operation is normal.
5. Take laxative in the early post-operative period.

Wound care

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

Pain control

1. Take painkiller according to medical advice
2. Other pain relief methods
 - Warm sitz bath.
 - Ice therapy – use towel or plastic bag to wrap the ice.

Diet

1. Take more fluids
2. Take high fibre diet such as vegetable, orange, banana, etc.

Follow up

1. See the doctor as scheduled.
2. In case there are any serious conditions such as severe wound pain, passage of large amount of blood, fever, etc. you should go to the Accident and Emergency Department of a nearby hospital.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. Should a complication occur, another life-saving procedure or treatment may be required immediately. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

Patient / Relative Name

Signature

Relationship (If any)

Date