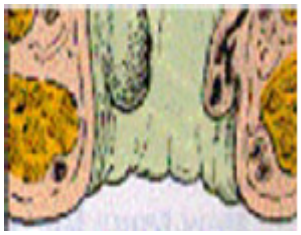
Haemorrhoidectomy

Procedure Information Sheet

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, anal pain or prolapse and can be divided into internal and external haemorrhoids.



Internal Haemorrhoids

Located about 1–2 cm above the anus

External Haemorrhoids

Located on the outer edge of anus

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. Procedure can be performed as elective or emergency depending on the indication e.g. emergency for thrombosed piles.

The Operation / 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.

   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.

Before the Operation / Procedure

1. Patient has to sign a consent form.
2. Anaesthetic assessment before procedure.
3. Keep fast 6 to 8 hours before operation.
4. Cleansing of bowel with suppositories might be required after admission.
5. Antibiotic prophylaxis may be required before operation.

Patient's Label
Patient Name: _____
Hospital No:_____
Episode No:_____

香港浸信會醫院
Hong Kong Baptist Hospital

Haemorrhoidectomy

After the Operation / Procedure

1. May feel mild throat discomfort or pain because of intubation.
2. Nausea or vomiting are common; inform nurses if severe symptoms occur.
3. Patients can resume diet after fully awake, usually 6 hours after the operation. Take more fluids, vegetables, fruits and high fibre food, to minimize discomfort when having your bowels opened.
4. Inform nurses if severe pain is encountered.
5. Bath as usual but avoid applying soap directly on the wound.
6. Depends on condition, stool softener may be prescribed to help bowel motion.
7. After discharge, take painkiller according to medical advice. Or other pain relief methods, such as warm sitz bath or ice therapy (ie. use towel or plastic bag to wrap the ice).
8. Doctors will instruct patients how to take care of the wound. For post stapled haemorrhoidectomy, no special wound care is required because there is no external wound. Absorbable stitches are used and removal of stitches are not necessary.
9. Slight oozing of body fluid and bleeding from the anal wound in the first 2 weeks after operation is normal.
10. Bed rest with your legs and bottom raised and supported with pillows.
11. Follow up as scheduled. In case there are any serious conditions such as severe wound pain, severe and continuously abdominal pain, passage of large amount of blood, fever etc, contact attending doctor or come back to hospital for consultation.

Risk and Complication

Anaesthesia related complications:

1. Cardiovascular complications: acute myocardial infarction, cerebral accidents, deep vein thrombosis, massive pulmonary embolism, etc.
2. Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease, etc.
3. Allergic reaction and anaphylactic shock.

Procedure related complications:

<u>Excision haemorrhoidectomy</u>

1. Early: Pain, bleeding, retention of urine.
2. Late: Secondary haemorrhage, anal fissure, anal stricture, anorectal abscess, damage to anal sphincter leading to incontinence (rare), recurrence of symptoms may occurs after surgery in the long run

<u>Stapled haemorrhoidectomy</u>

1. Early: Pain, bleeding, retention of urine, bowel perforation, fistula formation.
2. Late: Secondary haemorrhage, anal fissure, anal stricture, anorectal abscess, damage to anal sphincter leading to incontinence (rare), tenesmus, recurrence of symptoms may occurs after surgery in the long run

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart patient website by Hospital Authority: Haemorrhoidectomy (2017)

Patient's Label
Patient Name: _____
Hospital No:_____
Episode No:_____

Patient's Signature:_____ Date:_____