

HAEMORRHOIDECTOMY + POST-OPERATIVE INFORMATION

Surgical excision (haemorrhoidectomy) is most effective for large internal haemorrhoids that prolapse and are associated with large external haemorrhoids and skin tags. Haemorrhoidectomy involves surgical removal of the internal haemorrhoid, the external haemorrhoid and the associated skin tag. This procedure is performed in a hospital or day-surgery facility. It often requires a general anaesthetic and a short stay in hospital.

Thrombosed external haemorrhoids are most effectively treated by surgical excision (haemorrhoidectomy). This may be performed under local anaesthetic either in the surgeons office, hospital or day surgery facility. Simply cutting the thrombosed external haemorrhoid and removing the clot may relieve pain in the short-term, but this form of treatment is not always definitive.

This is a guide to assist you over the next seven days.

After Surgery

You will usually be in hospital overnight, although some patients do go home the same day.

Diet

For the first 24 hours after surgery food and fluids as tolerated. If you feel sick, sip water only or contact your surgeon.

Activities

The effect of your anaesthetic may be felt for up to 24 hours and during this time you should not drive a car, make major decisions, drink alcohol, sign important documents or operate machinery.

Do not attempt any heavy lifting or strenuous exercise for at least one week. Lesser activities such as climbing stairs, walking and driving may be carried out in moderation.

Bowel Function after Haemorrhoidectomy

You would not normally expect a bowel motion for the first two or three days after your operation. The first bowel motion is often uncomfortable and often associated with minor bleeding. If possible try to take an analgesic (pain relief) tablet eg Tramadol half an hour before the first bowel motion.

It is important to keep the bowel motions soft and regular during the healing phase. A high fibre diet is recommended including plenty of fruit and vegetables. Drink at least six to eight glasses of water daily. In addition you should take Metamucil or Mucilax beginning the second night after surgery for 3-5 nights to encourage bowel activity. Avoid straining with bowel motions.

Some discomfort and a little bloody discharge can be expected especially after bowel movement but this will diminish as healing progresses. It is important to keep the area clean and dry. Avoid using toilet paper, instead use a warm flannel or moist soft tissue to keep the anal area clean and dry. Saline baths (½ cup of salt per bath) several times daily especially after bowel movements are good for hygiene and are very soothing. If it is not possible to have a bath have a suitable basin to sit in or use a shower.

You may feel sutures in the area of your operation. These are self-dissolving and do not need to be removed by your surgeon.

Medications

It is advisable to discontinue some blood-thinning medication, including anti-inflammatories for up to 2 weeks, when it is safe, medically, to do so. The medications include WARFARIN, CLOPIDIGREL, DABIGATRAN, ASPIRIN and NSAIDS eg voltaren, nurofen. Please seek advice if you are taking these medications.

The Endoscopy Clinic

Level 1, 9 Caledonian Road, Christchurch 8013

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Pain

You will be advised about pain relief medication and given a prescription on discharge from hospital. This should provide adequate pain relief for the early post-operative period. Please take this regularly. If you have, what you consider to be excessive pain, despite taking pain relief or if there is excessive swelling at the operation site contact the Rooms on 961 6666.

Wound Care

All sutures are internal and self-dissolving. You can shower or bath normally within 24 hours of your operation. It is also important in the postoperative period to shower or bath after any bowel movement to keep the area clean and dry. You may be given a prescription for a short course of antibiotics on discharge from hospital.

Phone for advice if the following occurs:

Excessive bleeding – initially apply firm pressure to the area for 15-20 minutes.

- Excessive swelling in the anal region – a small amount of swelling is normal.
- Red, inflamed or excessive discharge from the anal region may indicate infection.
- If you feel that you are becoming constipated.
- You should access medical advice at the earliest opportunity from the surgeon, or if he is not available from GP, After Hours or ED. Do not delay seeking assistance in the case of severe blood loss.

Follow up

Please phone the Rooms on 961 6666 on discharge from hospital to make your follow-up appointment (if not already made) – usually one – three weeks post operatively.

You are welcome to bring a support person with you to your hospital and rooms visits if you feel they would be of assistance to you.

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