

Haemorrhoidectomy

Haemorrhoids are a common problem. Many patients can manage their symptoms with attention to diet or a topical treatment when symptoms are minor. For small internal haemorrhoids rubber band ligation can be an effective treatment. When haemorrhoids are large, prolapse (drop down) and particularly when they are associated with large external tags, surgical removal (haemorrhoidectomy) may be recommended.

What does the procedure involve?

An enema is usually given an hour or so before the operation to clear the lower part of the bowel. The operation is performed under a general anaesthetic. During the operation the haemorrhoids and tags are removed using an electrical cutting device (diathermy). Usually the wounds are left open. The operation takes around 45 minutes to complete.

What are the risks?

There are small risks associated with any operation. Pre-operative assessments are made of any heart or lung conditions, as well as any coexisting medical condition. During the hospital admission patients wear stockings to prevent thrombosis (blood clots).

Bleeding can occur after haemorrhoid surgery; most patients will notice small amounts of blood, particularly when they open their bowels. Usually this is a small amount but rarely it can be quite a lot, if that occurs patients must seek medical advice.

Infection is very rare; if patients develop increasing pain, fevers or flu-like symptoms they should seek medical advice.

Longer-term complications are rare but include:

- Stenosis; narrowing of the back passage as a result of surgical scarring
- Damage to sphincter muscles resulting in leakage problems after surgery

What happens after the operation?

A haemorrhoid surgery can be uncomfortable afterwards. You will have some local anaesthetic injected into the area; this will numb the pain for a few hours.

If the surgeon has placed a dressing pack in the anus this will be removed before discharge. Patients are allowed to eat and drink as soon as they feel able. Patients will normally be able to go home on the same day as the operation.

You will be given painkillers to take by mouth; you should take these regularly to prevent pain coming on. You will also receive an antibiotic, Metronidazole (Flagyl) to take for 7 days after the operation; this has been shown to help with the discomfort.

It will be uncomfortable when you first open your bowels after the operation, it is important that you do not avoid going to the lavatory. The discomfort will get better. Patients are given a regular stool softener to take for 4-6 weeks and are advised to avoid straining.

For further information see our advice sheet Caring for Yourself after Anal Surgery which can be found within the Patient Information section of the Birmingham Bowel Clinic website.

Patients are encouraged to keep mobile after the procedure. They should avoid heavy lifting or increased physical activities for about 6 weeks. Patients can normally resume driving after about 2 weeks but this may vary.

Patients are normally reviewed in clinic around 6 weeks after the operation but they can be seen sooner if there are problems.

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