

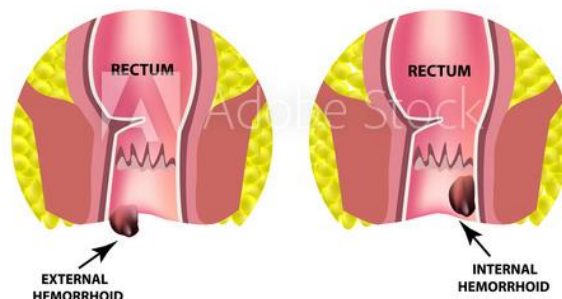
## Haemorrhoids / Haemorrhoidectomy Surgery Information for patients and families

This information brochure is for patients that have been diagnosed with haemorrhoids. It explains options for management or surgery. If you cannot find information you require in this brochure, please ask your specialist, or contact Kensington Hospital.

### What are haemorrhoids?

Haemorrhoids (also known as piles) are swollen, inflamed veins under the surface tissue of your rectum (the last part of your bowel) or your anus (the opening of your bowel). They can cause bleeding and itchiness, and sometimes are very painful. They may be aggravated by constipation and straining. Haemorrhoids that occur in your rectum are called internal haemorrhoids, and those that occur around your anus are called external haemorrhoids.

Internal haemorrhoids usually can't be seen from the outside, however, they can cause a feeling of pressure in the rectum and can bleed especially when you pass a bowel motion, or cause mucous to leak causing a wet sensation on your underclothes. This moisture encourages secondary skin infections, and results in the itchiness that often accompanies haemorrhoids. Internal haemorrhoids are not usually painful, but if one becomes very large, it can hang out of the anus (called a 'prolapsed haemorrhoid'), causing pain and increased swelling.



External haemorrhoids are grape-like swellings on the outside of the anus and are covered by skin. These are often enlarged due to stretching of the anal skin and can cause itchiness, discomfort and may become very painful when a blood clot forms in blood vessels under the skin (called "thrombosed external haemorrhoids"). When a swollen haemorrhoid subsides, the stretched anal skin can hang a bit loose. This area of loose skin is called a 'skin tag' and is more of a nuisance than a health concern. Skin tags may itch and can make cleaning after a bowel motion more difficult. It is best to wash the area or use a moist disposable wipe, rather than dry toilet paper.

The most effective form of treatment is prevention and your specialist will advise you on simple lifestyle changes to help prevent haemorrhoids from getting worse. This includes dietary changes to soften stools and ensuring adequate fluid intake to avoid constipation and straining.

### SELF-CARE TIPS TO MANAGE HAEMORRHOIDS

APPLY A COLD COMPRESS TO THE AREA FOR RELIEF

WEAR COTTON UNDERWEAR TO MINIMISE DISCOMFORT

WARM SALT BATH MAY HELP PAINFUL HAEMORRHOIDS

ALWAYS GO TO THE TOILET AS SOON AS YOU FEEL THE NEED TO GO. 'HOLDING-ON' CAN MAKE HAEMORRHOIDS WORSE

AVOID SOAP AND USE FRAGRANCE-FREE WET WIPES INSTEAD OF TOILET PAPER TO CLEAN THE ANAL AREA

TOPICAL PRESCRIPTION OR OVER-THE-COUNTER CREAMS CAN HELP REDUCE MILD DISCOMFORT

AVOID SCRATCHING THE AREA

### Do I need surgery?

In cases where symptoms do not subside and become uncomfortable or interfere with everyday life, your specialist will discuss treatment options with you. These can include injection sclerotherapy, rubber band ligation (see our separate patient handout), surgical excision (haemorrhoidectomy) or stapled haemorrhoidectomy. Sclerotherapy

and rubber band ligation are often performed in the specialist's clinic rooms and are designed to reduce the blood supply to the haemorrhoid, so it shrinks or goes away.

Surgical excision haemorrhoidectomy is effective for large internal haemorrhoids that prolapse and thrombosed external haemorrhoids. It involves removal of the haemorrhoids and associated skin. The subsequent wound is either left open to heal or is sutured closed. Stapled haemorrhoidectomy blocks the blood flow to the haemorrhoidal tissue and uses a disposable circular stapler that simultaneously cuts out the haemorrhoid and joins the remaining tissue together with a ring of titanium staples. The procedure is less painful than surgical excision but if you have skin tags these need to be removed by surgical excision.

Your specialist will discuss what treatment option is recommended for you.

### **Preparation for haemorrhoidectomy surgery**

Both surgical excision and stapled haemorrhoidectomy procedures are performed at Kensington Hospital. On admission you will be given an enema to empty your bowels prior to the surgery and will require a short stay in hospital. You will need to arrange for someone to take you home from hospital on discharge.

If you are taking blood thinning medication such as Warfarin, Ticagrelor (Brilinta), Clopidogrel (Plavix), Dabigatran (Pradaxa) or oral iron tablets, please contact your specialist's rooms a week prior to your surgery as the medication may need to be stopped 3-5 days prior to your surgery. Please also refer to Kensington Hospital patient information booklet or their website for more preparation information.

### **Procedure Room**

On the day of your surgery, your specialist will explain the procedure and you will be required to sign a consent form. This confirms that you understand the procedure and agree to go ahead. **Please ask any questions you may have.** It is important that you fully understand what is happening.

The procedures are undertaken under a general anaesthetic. Surgical excision haemorrhoidectomy usually takes approximately 60 minutes, and stapled haemorrhoidectomy takes approximately 30 minutes, but this is dependent on how big the haemorrhoids are.

### **After the haemorrhoidectomy surgery**

After your surgery, a nurse or your specialist will discuss the result of the surgery and on discharge you will be given a written report. A report will also be sent to your GP. Most people go home one to two days after haemorrhoidectomy surgery. We will arrange for follow up either by phone or face to face appointment depending on your preference. You will also be contacted at home within a few days after discharge. **If you develop any severe pain in the neck, chest, or abdomen within 24 hours after your surgery please contact Kensington Hospital (ph 09 4379080).**

You would not normally expect a bowel motion for the first two or three days after your surgery. The first bowel motion can be uncomfortable and often associated with minor bleeding. Take an analgesic (pain relief) half an hour before your first bowel motion, if possible, and as directed for post-surgery pain. It is important to keep bowel motions soft and regular during the healing phase. Some discomfort and a little bloody discharge can be expected especially after a bowel motion, 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 motions are good for hygiene and are soothing. Any sutures are internal and self-dissolving so do not need to be removed. Within two to three weeks most patients have returned to normal daily activities.

## **What are the risks of haemorrhoidectomy surgery?**

Most haemorrhoidectomy surgeries are safe and uncomplicated. However, as with any surgical procedure there is a small chance of side effects or complications including breathing difficulties, bleeding, allergic reactions to anaesthesia or other medications and infection. Specifically, for haemorrhoidectomy surgery, the possible risks that require urgent attention are difficulty emptying the bladder, excessive swelling in the anal region or excessive pain or discharge from the anal region. **Very rarely there is damage to the anal sphincter itself or scarring around the anus that can cause future problems.** Please discuss any concerns with your specialist.

*This brochure is intended to provide general advice only. It does not provide definitive medical advice. If you have any further questions or concerns, please do not hesitate to contact your specialist via his rooms (ph 09 4373875), or Kensington Hospital (ph 09 4379080).*