

Haemorrhoids and Haemorrhoidal Surgery

What is the treatment for haemorrhoids?

The first step in the management of haemorrhoids is to try and reduce aggravating factors. Often this involves increasing the amount of fibre and fluid in the diet in order to keep the stools soft and reduce straining. Avoiding painkillers that can

What happens before the operation?

Prior to your admission you will have seen a member of the surgical team to discuss the surgery and its risks and benefits.

You will have a pre-operative assessment where you are likely to be examined by a practitioner, have bloods taken and be asked about your past medical history, previous surgeries and asked about any medications you may be taken. At times you may be asked to stop taking certain medications prior to surgery, these may impose an added risk to surgery such as blood thinning medications.

Upon admission on to the ward you will be shown where to sit, where you will be seen by a number of different people. You will be seen by a nurse who will take some information from you and will attach patient identification bands around your wrists or ankles. You will be given a gown to wear for theatre and white stockings to wear to help prevent blood clots. You will also be seen by a member of the surgical team who will go through the consent form for your procedure with you, an anaesthetist who will discuss your anaesthetic. Please stay on the ward so that you may be seen by all these people to avoid delays in your surgery.

When your theatre team is ready for you, a member of the team will walk to the ward to collect you; they will check a few details with you and then walk you to theatre (if you are able). You will then be taken into the anaesthetic room where you will be met by your anaesthetist. A member of the theatre team will ask you to lie on a theatre bed, and will attach a blood pressure cuff to your arm; a probe onto your finger to measure your oxygen levels and three stickers attached to wires will be placed onto your chest to monitor your heart. You will also have a needle placed into a vein on the back of your hand or arm; this allows the anaesthetist to administer the medications required for your anaesthetic.

What happens after the operation?

After your surgery you will be taken into the Recovery Unit where you will receive individual specialist care whilst you are waking up from the anaesthetic. When you are awake and feel ready you will be given something to eat and drink. You will be

encouraged to get up and mobilise to reduce the risk of developing blood clots.

You will be prescribed stool softeners as it is very important that you do not get constipated and strain to open your bowels as this would affect the success of the operation. You may find that you are sore following your operation; your surgeon will have prescribed painkillers for you to take to ease your discomfort.

If your surgeon has placed an absorbent dressing into your bottom during surgery (your surgeon will advise you of this), you will pass this next time you open your bowels.

Discharge from hospital

When you are comfortable you will be discharged from hospital later that day. Please make sure you have somebody to collect you as you will not be able to drive and ensure you have someone staying with you for 24 hours whilst you recover from the anaesthetic.

What problems can occur after the operation?

Bleeding

You may find that you bleed following your surgery. This is common and should not be large amounts. If you are passing large amounts of blood please contact your GP or the ward you have been discharged from.

Infection

There is a small risk of infection with this type of surgery due to the area being operated on and this is usually treated with antibiotics. In extreme cases you may need to go to theatre for the infection to be drained.

Deep vein thrombosis (DVT)

Deep vein thrombosis is a possible problem, but is uncommon. If you are at particular risk then special precautions will be taken to reduce the risk. Moving your legs and feet as soon as you can after the operation and walking about early, all help to stop thrombosis occurring.

Band displacement (Banding only)

There is a risk of the bands that have been applied falling off – there are generally multiple bands applied to your haemorrhoids so this may not necessarily affect the efficacy of the operation.

Urgency

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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