



Haemorrhoidectomy

i Important information for patients having a haemorrhoidectomy.

About this booklet

The purpose of this booklet is to give you information about what to expect before during and after your haemorrhoidectomy procedure.

Admissions

For this procedure you will be admitted as a day case to the Surgical Day Unit. Please ensure you have an escort to take you home that evening and a responsible adult to stay with you overnight and for the first 24 hours.

A small number of patients require to stay overnight. If the surgeon makes this decision, please be appropriately prepared for this.

What is a Haemorrhoidectomy?

Haemorrhoids, also known as piles, are rather like varicose veins in the back passage. When the veins become swollen with blood haemorrhoids occur. The vein swelling can affect the back passage, where it is less well supported by the muscular ring (sphincter), and this causes internal haemorrhoids. Or it may affect the veins at the lower end of the canal, just under the skin, causing external haemorrhoids. Some people have both.

Haemorrhoids are a common problem and affect many people at some time in their life. Although uncomfortable and embarrassing, it is not normally a serious condition. Symptoms with piles can vary and include bleeding, discomfort and difficulty wiping

Before surgery

You will be admitted on the day of surgery; the procedure will be done as a day case, unless the surgeon advises that you should stay overnight. You will be given an enema to empty and clean the back passage prior to the procedure.

After surgery

You will be able to eat and drink on return from theatre, the nurse will be checking your vital signs and wound. The nurse will advise what time you will be discharged. You should have someone to escort you home and a responsible person to stay with you overnight.

Preventing further/future problems with haemorrhoids

There is no guaranteed way of preventing haemorrhoids coming back after your surgery. Ensuring adequate fibre in your diet is a good place to start, this will reduce the risk of constipation and the straining to pass a stool that can cause haemorrhoids.

General recommendations are:

- Try to include high fibre foods at each meal throughout the day
- Choose wholegrain cereals e.g. wholemeal bread and wholegrain/high fibre breakfast cereals or porridge.
- Eat at least five portions of fruit and vegetables per day. Remember to eat the skin where possible.
- Include pulses e.g. peas, beans and lentils at meals. Add them to soups, stews and casseroles.
- Ensure you drink plenty of fluid – six to eight glasses per day.

Relatives/carers

The waiting area and Surgical Day Unit are for patient use only, therefore your relative/carer will not be permitted to stay with you. You can discuss this at any time with the nurse in charge.

There are no visiting hours within the unit. However, relatives and carers are welcome to use the dining and restaurant facilities, and free WiFi, which are available in the Golden Bistro and coffee shop on level one.

Discharge advice

- Slight staining from your wound may continue for a few days – wear a small pad to protect your underwear.
- Continue to take the painkillers given to you on discharge.
- You may experience some discomfort for 24-48 hours.
- When you move your bowels, avoid straining.
- If given laxatives to take home, continue to take these as advised.
- Daily baths will help with pain relief and keeping your wound area clean.
- Continue with your normal diet but remember to include fibre rich foods.
- You will have antibiotics to take to reduce infection – please complete the course prescribed to you.

You may be discharged the same day. If you have to remain overnight please make arrangements for discharge for 10am. The nurse will advise you if you have to stay longer.

Rest this evening and avoid strenuous activities.

In the next 24 hours, you must not:

- drive;
- drink alcohol; or
- use machinery.

Take your usual medications and any that you may have been given by the nurse today.

It is normal to feel some pain after surgery. You will be prescribed and given regular painkillers during your stay in hospital. On discharge from hospital you will be given painkillers to take home.

Routine follow-up is not usually required.

Contact your GP if:

- You have severe pain not relieved by medication.
- You have excess bleeding from the wound site.
- You have extreme redness or swelling around the wound site or drainage of pus.
- You are unable to pass urine.
- You have continual vomiting.
- You have a fever.

Severe pain or bleeding are rare complications.

In the event of an emergency, you should go to your nearest Accident and Emergency Department.

Mobility

You will feel tired for the first few days following discharge from hospital. Rest for some of the time, but gradually increase your mobilisation until you feel fit to resume normal activities. This should only take a few days to a week. You should not go to your bed as if you were ill. Avoid heavy lifting for six weeks following surgery. It is advisable to wear your support stockings during the day until your mobility has increased to near normal levels.

Wounds

You may have a dressing over the area. You will be advised what to do with this to allow you to go to the toilet.

Driving

You may return to driving a vehicle when you are comfortable to apply the brakes and perform emergency stops without pain. Check with your car insurance company.

Returning to work

Your surgeon or GP will advise on how long you should stay off work depending on how well you recover and what job you do.

Contact

If you need further assistance or have any questions, please contact the day unit on 0141 951 5400 during Monday to Friday 7am to 8.30pm. Out of hours you should contact the Senior Nurse via the switchboard on 0141 951 5000.

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