Patient Information
GS05

NHS Golden Jubilee

Haemorrhoidectomy

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About this leaflet

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

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. It may also 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.

For your Haemorrhoidectomy, you will be admitted as a day case to the Surgical Admission Unit, located on the level 2 of the Surgical Centre. Please ensure you have a responsible adult escorting you home and staying with you overnight and for the first 24 hours.

Occasionally the Consultant Surgeon and/or Consultant Anaesthetist may recommend that you stay in hospital overnight. This will be discussed with you on the day of surgery. Please bring toiletries, slippers and nightwear with you into hospital in preparation for this.

About your visit to the Golden Jubilee University National Hospital (GJUNH)

During your stay with us our primary concern will be your comfort and return to good health. If you have any questions or concerns, out staff will be pleased to assist you in any way they can.

If you have any questions or concerns regarding the procedure or anything contained in this booklet, please discuss this with a member of the nursing team before discharge.

Consultation and pre-assessment

You will have been seen by a consultant surgeon either at your own base hospital or at NHS Golden Jubilee. During this discussion the surgeon will have discussed the benefits and risk of the proposed surgery along with any other options available to you.

At the appropriate time, after you have been referred to the GJUNH, the Patient Coordination Centre (PCC) will send you an appointment to attend a pre-operative pre-assessment clinic. A pre-assessment is necessary to assess your fitness for surgery and anaesthetics.

At the pre-assessment clinic, a Nurse Practitioner (NP) will ask you various questions about your past and presenting medical history, carry out vital signs such as heart rate, respiratory rate, blood pressure, temperature and oxygen levels. You will also have blood samples, possibly a urine sample, height and weight taken, and if indicated, a tracing of your heart (ECG). The NP may discuss your assessment with a Consultant Anaesthetist, or you may see an anaesthetist at this appointment.

Please bring all your medication to this appointment.

If you would like a chaperoned at any time during your pre-assessment or any other medical assessment, please speak to a member of the nursing staff.

Please let us know if you are unable to attend this appointment.

Day of surgery

The PCC will send you an admission time to attend the Surgical Admission Unit (SAU), (level 2 of the Surgical Centre). You are required not to eat food for six hours before your operation (including sweets and chewing gum).

You may be able to sip 150mls of clear water up until your procedure/surgery time (150mls is approximately a small cupful for fluids). This is called SipTilSend, you will be given a leaflet explaining the process at pre-assessment.

Sipping clear still water before your procedure/surgery will help to keep you hydrated and reduce possible headaches, nausea and anxiety.

It is very important that you do not drink any more than 150mls of clear water each hour, drinking too much fluid may delay your surgery.

For some patients, SipTilSend may not be appropriate and in this situation the Anaesthetic team, the Pre-assessment staff and/or the SAU staff will advise you to follow different fasting instructions.

On arrival at the SAU you will be met by a Unit Coordinator (UCO), who will direct you to your admission room/pod. The UCO will alert the nursing staff of your admission.

The nurses looking after you will introduce themselves to you, complete the necessary paperwork by asking relevant questions and answering any queries you may have about the procedure.

The nurse will carry out vital signs, (blood pressure, Heart Rate, Respiratory Rate, Temperature and oxygen levels).

The Nurse will ask you to change out of your own outdoor clothes into the theatre gown and paper pants provided. You will be given an enema to empty and clean your back passage prior to the procedure.

You will also meet your Consultant Surgeon and Consultant Anaesthetist, ward doctor and/or the Advanced Nurse Practitioner (ANP), all of whom will ask you questions about your medical history. At this stage, you will be given the opportunity to ask further questions regarding your procedure. Your surgeon will discuss the risks and benefit of your surgery and you will be asked to sign a consent form to allow surgery to go ahead.

You may be prescribed a pre-medication tablet which will be given to you before being taken to theatre.

At the required time you will be escorted to theatre, where you will be met by the theatre staff and the anaesthetist. At this time you will have a small plastic tube (cannulae) inserted into a vein, this will allow for any necessary drugs or anaesthetics' to be given. After your procedure, you will be taken to the recovery area until such times as you are able to return to SAU.

After surgery

On your return to SAU, the nurse will carry out regular vital signs and monitor your wound site for any signs of bleeding. You will be given something light to eat and drink. Once you have met the discharge criteria, you will be prepared for discharge home.

Going home

You will be discharge on the same day as your surgery. Please ensure you have a responsible adult escorting you home and staying with you overnight and the first 24 hours.

It is normal to feel some pain after surgery. It is advisable to have a supply of painkillers at home, however you may be prescribed different painkillers to take home with you. Nursing staff will go over any medication you have been given to take home and the post-surgery recovery advice.

Take your usual medications and any that you may have been given by the nurse today. Rest on the evening of your surgery and avoid strenuous activities. You should eat and drink normally as able (unless otherwise advised).

In the first 24 hours, you must not:
- drive;
- drink alcohol; or
- use machinery.

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.

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. You may be advised to wear your support stockings during the day until your mobility has increased to near normal levels. Nursing staff will provide you with support stockings.

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. If you require a Fit Note for your employer, please speak to the nursing staff as soon as possible on admission.

Preventing further/future problems with haemorroids

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

Patients can have one relative/carer with them in the SAU, however the relative/carer may be asked to leave the area while you are in theatres.

Relatives/carers are welcome to use the dining and restaurant facilities and free Wi-Fi, which are available on level one of the main hospital.

Contact

The Surgical Admission Unit is opened Monday to Friday 7am to 9.30pm. If you need further assistance during these hours please contact the hospital switchboard on 0141 951 5000 and ask to be put through to the Surgical Admission Unit.

Out of hours you should contact the GJUNH switchboard on 0141 951 5000 and ask to be put through to the General Surgery ward.

All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

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Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip claistinn no riochd eile a tha sibh airson a thaghadh.

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reviewed for plain English

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