

Patient information

Haemorrhoidal Surgery

Colorectal Surgery – Aintree Hospital

Haemorrhoidal Surgery

- ❖ Rubber band ligation
- ❖ Transanal haemorrhoidal De alteration procedure
- ❖ Excisional Haemorrhoidectomy

Haemorrhoids

Haemorrhoids are also known as piles they are soft fleshy lumps inside the back passage (anus). They have a rich blood supply and can bleed easily, usually causing a fresh bright red bleed after you have had a bowel movement. They do not usually cause pain but can cause itching around the anus, when large they can pass through the anus, (prolapsed pile), feeling like a lump when you clean yourself.

Haemorrhoids develop gradually, often over a long period of time. They are associated with constipation, particularly if you need to strain to open your bowels. They can be made worse by pregnancy.

Haemorrhoids can often be successfully treated by simple measures such as making sure your motions are bulky and soft, and that you do not strain while opening your bowels.

Eating more fibre and drinking more fluid usually improves the way your bowels work.

Local treatments aimed at shrinking the haemorrhoids can be successful.

Only when the surgeon has tried other treatments and ruled out other causes of your symptoms, they will decide on a surgical intervention.

Surgical options available

- ❖ Rubber band ligation

What does the procedure involve?

This involves using a small instrument to put a tight elastic band over the haemorrhoid. The band cuts off the blood supply so the haemorrhoid shrinks and falls off, it then should pass down the toilet with the motion, usually within two to seven days after banding has been performed.

What are the benefits?

- No major surgical procedure is required.
- Very little discomfort/less pain.
- Very quick return to normal life and normal activities.

Possible complications

Complications following rubber band ligation of haemorrhoids are extremely rare. But on occasions you can have fresh rectal bleeding and pass clots.

This is usually transient and settles by itself. Occasionally you may need to seek medical advice/attention and may need further treatment or surgical intervention.

What happens after the procedure?

- It is normal for you to feel you want to open your bowels immediately after this procedure, this feeling will settle down.
- You will be discharged the same day after your procedure.
- You will have some discharge advice from the nurse.
- You will be given the contact details of the clinical nurse specialist so you can contact them for advice and support.

After care

- You will need to maintain a normal diet with high fruit and vegetable content.
- Make sure your bowels are functioning and don't get constipated.
- You may experience a small amount bleeding; this is quite normal after this procedure.
- Avoid straining/ sitting on the pan for long periods.

❖ Transanal haemorrhoidal de-arterialisation procedure (THD)

What does the procedure involve?

- This is simply tying off the blood supply to the piles using a special instrument that identifies the blood vessels. The operation is performed under General anaesthetic as a day case procedure; the idea is for the surgeon to precisely locate the haemorrhoidal arteries and to tie them using a special device.

This will lead to shrinkage of the internal haemorrhoids.

If the haemorrhoids are also protruding or prolapsing (coming down out of the anus) then through the same device.

- the rectal mucosa (lining of the rectum) can be shortened to pull the haemorrhoids up into the normal position into the anal canal.

- This procedure doesn't involve cutting of tissues and does not cause any wounds.
- You can leave the hospital on the same day after your procedure.
- Occasionally you may be given an injection at the bottom of your coccyx (a caudal block) to help with pain relief after the operation.

What are the benefits?

No open wound.

- No need for any dressings.
- Good outcome.
- Quick return to normal life and normal activities.

Possible complications

- Some bleeding which will settle in most cases by itself.
- You may experience some urgency symptoms; this is normal and settles with time.
- Some discomfort and pain after the procedure.
- Recurrence of haemorrhoids.
- Need for further surgical intervention if the original procedure hasn't worked.
- This can often be the case if the piles are rather large.

What happens after the procedure?

- The nurses on the day care unit will monitor your blood pressure and pulse.
- If you are in any discomfort you will be given appropriate pain relief.
- You can start to eat and drink normally shortly after your procedure.
- You will be given discharge advice for when you get discharged.
- You may be discharged with gentle laxatives to prevent constipation.
- You will be given the contact details for the clinical nurse specialist so you can contact for advice and support.
- General anaesthetic can temporarily affect your coordination, so you will need a responsible adult to take you home and stay with you for the first 24 hours.
- During this time it's also important that you don't operate machinery or drive.
- You will be followed up by phone by the clinical nurse specialist, an assessment will be done at this point and a decision will be made if we can discharge you back to your GP.

After care

- It's important to maintain a regular bowel movement and not get constipated.
- If possible bathe once or twice daily for three to four weeks after the operation, this will soothe and will reduce anal discomfort.
- Maintain a normal diet with high fruit and vegetable content.
- Avoid straining and sitting on the pan for long periods.

❖ Excisional haemorrhoidectomy

What does the procedure involve?

- This is an operation used for very large piles it involves actually cutting off the piles. Because cutting is involved, it can be painful afterwards.
- The risk of bleeding after the surgery is slightly higher but still low overall.
- After the operation, the wound is left open, and a sponge may be inserted into the anal canal to help stop any bleeding.
- You will be discharged with gentle laxatives/stool softeners, some surgeons will send you home with an antibiotic and of course you will be given pain killers to help with the pain.

After care

- You must try to avoid getting constipated.
- You may find that sitting in a hot bath helps to soothe any discomfort after the operation or after going to the toilet.
- You have to use the pain relief tablets regularly rather than as and when you are in pain or it may not be effective.
- Keep the anal margin as clean as possible.
- It is not unusual to have a discharge from the anal wounds for a few days.
- If you are concerned contact the Specialist Nurse listed below.

What are the benefits?

- This actually removes the pile and has a lower chance of recurrence.

Possible complications

- Bleeding
- Pain
- Discharge
- Occasional swelling or bruising at the anal margin

- All these complications are usually temporary and if you are concerned contact the specialist nurse below.
- Rarely if you have extensive excision of piles, you could develop narrowing (structuring) of the anus. This is quite rare. If concerned about this after about three months after excisional haemorrhoidectomy, seek a consultation with the consultant.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

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