**Haemorrhoidectomy**

What is a haemorrhoidectomy?

If haemorrhoids are large and bleeding cannot be controlled with banding then sometimes an operation is required. This is usually done with a general anaesthetic though occasional a spinal anaesthetic is used. The main lumps are removed and the area cauterised. The wounds are not sutured closed to prevent infection.

How long will I be in hospital?

You will come in on the day of the operation and may have an enema if the surgeon has requested one. You can often go home on the same day. If the surgeon feels you will need to stay overnight they will let you know.

What pain can I expect afterwards?

There may be considerable discomfort for 1-2 weeks after the procedure, though not always. It is recommended you take regular paracetamol and a regular anti-inflammatory tablet (such as Voltaren, Diclofenac, Brufen) to minimise this discomfort. At least for the first few days after the surgery it is worth taking these regularly even if you do not have pain to stop it developing.

Often stronger pain tablets are needed such as Oxycodone (Endone) or Panadeine Forte and you may be prescribed these for discharge. These can lead to constipation so it is best not to take them for too long or too many. Usually they are needed for the first few days and should be decreased once the pain resides. Have them handy to the toilet and ideally take two tablets 15 minutes before a motion if you feel it coming on (though the first motion is not always as bad as expected). Do not drive or attend to important matters while on these stronger pain tablets.

Keep your bowels soft and warm salt bath may be soothing.

How to keep your bowel soft

Eat a high fibre diet and drink adequate water. A regular fibre supplement, around 2 tsps per day is usually suggested (such as Benefibre, Metamucil, psyllium husks). Laxatives may be required. We recommend Magnesium Pellegrino from the chemist (1tsp once or twice daily).

What about the wound?

The wounds will heal over the next few weeks. There may be some minor bleeding and discharge, so you may want to wear a pad for this time. You will be given an antibiotic (Metronidazole) to take for 5 days after the surgery (it has been shown to decrease pain probably by supressing infection, do not drink alcohol with this medication). The area is best kept clean by normal showering or baths.

What not to do.

Do not strain when you go to the toilet. If it helps, put your feet on a low stool and lean forward.

Do not use applicators or creams to the anus.

Avoid strenuous exercise initially.

Do not sit on a rubber ring, a soft pillow is best.

You can bath or shower as normal

What if it bleeds?

A small amount of bleeding is not unexpected especially when you have your bowels open. This may be on the stool or paper or even a small amount into the toilet bowl. Very rarely there is a more major bleed. If you see a lot of fresh blood or clots, you should seek medical attention.

How can I stop them coming back?

Continue with a high fibre diet and adequate water. There is no harm in taking a fibre supplement regularly. If your motion tends to be firm or hard, then laxatives may be required longer term. It is worthwhile discussing this with your surgeon to decide which are best. We advise a so called “osmotic laxative” such as Magnesium Pellegrino (1 tsp once or twice daily is usual dose, increasing or decreasing as required). Alternatives are Osmolax, Macrogol, Movicol or Sorbitol. Usually these will work and we do not recommend a stimulant laxative such as Senna.

Follow up

You will normally be seen in the rooms in around 6 weeks. If an appointment has not been made for you when you leave hospital, please contact the rooms to make one at your convenience.

Summary of post procedure care

Regular paracetamol and anti-inflammatory

Stronger pain tablets such as Endone as required

Metronidazole (antibiotic) for 5 days

Salt baths (if they help). You can shower

Regular fibre supplement

Laxative – at least initially, Magnesium Pellegrino or Sorbitol