



*Better
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Patient information

Haemorrhoidectomy

Surgical Division Royal Liverpool Hospital and
Broadgreen Hospital

Your consultant has recommended that you have a haemorrhoidectomy.

What is a haemorrhoidectomy?

The operation is to remove “piles” or haemorrhoids. A haemorrhoid or “pile” is an enlarged blood vessel in or around the back passage. When they reach a certain size they can cause problems with bleeding, pain, itching and a feeling of a “lump” hanging down.

What are the benefits of having a haemorrhoidectomy?

The aim of this operation is to stop the rectal bleeding and ease the discomfort around your back passage. No sutures (stitches) are needed with this operation.

What are the risks of having a haemorrhoidectomy?

Occasionally patients may bleed after this procedure. Some patients may have difficulty in passing urine after the operation. The nursing staff are aware of these things and will monitor you carefully after your operation. Constipation can also be a problem after the operation, however your doctor will make sure that you go home with a laxative or “opening medicine” to prevent this.

Are there any alternative treatments available?

Small “piles” or haemorrhoids can be treated in the Outpatient Department. The doctor can put little rubber bands around the “piles” or haemorrhoids, which will cause them to shrivel up and wither away. Sometimes a substance can be injected into the haemorrhoid, which can also make them wither away. If you have very big haemorrhoids you will need surgery to remove them.

What will happen if I do not have any treatment?

The haemorrhoids will continue to bleed and may become painful.

What sort of anaesthetic will be given to me?

You will be given a general anaesthesia. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications.

Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart tracing or a chest x-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be given instructions about when to stop eating and drinking on the day of your operation.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday therefore if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping
- Please bring any medication you take into hospital with you
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped

- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn
- If you are on regular medication, you will be told to take this if necessary
- You will be asked to put on a gown and disposable underwear
- A bracelet with your personal details will be attached to your wrist
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you
- A nurse and porters will take you to the operating theatre
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre
- When you arrive in the theatre area, a member of staff will check your details with you and you will be asked to put on a disposable hat.

What should I expect after my operation?

After your operation you will be kept in the theatre recovery room before being transferred back to the ward.

A nurse will check your pulse, blood pressure, and breathing rate regularly. **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**

The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed.

The nursing staff may offer an injection to help this sick feeling go away.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going Home

Your doctor or nurse will normally discharge you about 24 hours later, but this will depend on how you feel and on your medical and home circumstances.

If the doctor or nurse discharges you on the same day of your operation, you cannot leave the ward until:

- You must have had something to eat and drink
- You must have passed urine
- The nursing staff must be satisfied with your wound.

If you are discharged on the day of your operation, **you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.**

For next 24 hours **you must not**

- Travel alone
- Drive any vehicle or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.

- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You **should**

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

You will be discharged with some painkillers and a laxative (opening medicine) to prevent constipation. Remember that some painkillers can cause constipation so make sure that you continue to take your opening medicine for as long as you take painkillers. It is normal to feel some pain in your back passage after the operation.

- You may have had a dressing inserted into your back passage during your operation. This will either fall out naturally within the next couple of days or it will dissolve (the nursing staff will tell you which dressing you have)
- It is important that you do try to have your bowels open once a day
- Try not to strain when you have your bowels open
- It is normal to have a little bleeding from your back passage for the first couple of days after your operation. You can have a bath and it is important to keep the area around your back passage clean.

- Try to drink plenty of water - at least six glasses a day. Tea and coffee doesn't count!
- Eat a high fibre diet (anything with pips or skins has a lot of fibre in it). Try to eat fruit and vegetables daily. Shredded Wheat or Weetabix is good for breakfast as they are high in fibre.
- Slight blood loss is usual for a couple of days. If you have any heavy blood loss, attend your local A&E Department.

Getting back to normal

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days after having an operation. You should be able to return to work in two weeks. You will be able to drive then.

Returning to work

Before you are discharged, you may be given a medical certificate (sick note) by your hospital doctor to cover the expected time off you will need.

Further Appointments

You will be given a follow-up appointment, if requested by your doctor, before you go home.

Further information

If you have any queries or concerns, please contact the ward where you had your surgery or telephone your family doctor (GP) for advice.

Author: Colorectal Specialist Nurses
Review date: January 2013

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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