



Open haemorrhoidectomy

Informed consent: patient information

1. What are haemorrhoids?

Haemorrhoids are swollen, enlarged veins that form inside and outside the anus and lower rectum. They can be painful, uncomfortable and cause rectal bleeding. Some haemorrhoids can emerge from the anus during bowel movement. This is known as a prolapsed haemorrhoids. Some prolapsed haemorrhoids can be replaced by being pushed back; others remain permanently prolapsed.



Risk factors for developing haemorrhoids include straining at stool, constipation, low fibre diets, obesity, and pregnancy. The main ways to avoid having problems with haemorrhoids are to eat a high fibre diet and to avoid straining at stool.

Most haemorrhoids can either be treated with medicines or non-surgical procedures such as rubber band ligation or avoided with appropriate diet and regular exercise.

2. What is a haemorrhoidectomy?

A haemorrhoidectomy is reserved for very large or complicated haemorrhoids. It is usually performed as a day only procedure under general anaesthesia. It takes about 30-45 minutes, depending on the size and number of the haemorrhoids.

The operation involves removal of the piles and ligation of their blood supply. The wounds are often not stitched but left open to heal naturally. A local anaesthesia will be injected to keep the perianal area numb for a while and a small pack will be placed inside the rectum to stem any bleeding. This will be passed with your first bowel movement.

3. The anaesthetic

This procedure will require as spinal or general anaesthesia.

4. What are the specific risks of a haemorrhoidectomy?

Haemorrhoidectomy is a common and generally safe surgical procedure. But there can also be complications, including:

- Excessive bleeding
- Difficulty urinating
- Infection
- Loss of control of the rectal sphincter
- Narrowing or damage to the anal canal
- Recurrent haemorrhoids



5. Are there any alternatives to surgery?

- Conservative management
- Nonoperative interventions – banding ligation of haemorrhoids, sclerotherapy
- Other surgical options – stapled haemorrhoidectomy, haemorrhoidal artery ligation (HAL-RAR)

6. How do I prepare for the procedure?

- If you need to have haemorrhoidectomy, you will be asked to eat nothing the night before the surgery. If you need to take medications, you may have a sip of water. You should have nothing at all 6 hours before the surgery. Unless you are also having a colonoscopy, the bowel preparation is not required the day before surgery.
- Your surgeon will discuss with you whether to stop taking medicines or supplements.
- You will be admitted as a day only procedure. You will receive a **fleet® enema** 1 hour prior to your operation.

7. What do I expect after the procedure?

- Following your procedure, you will recover for an hour or so until the effects of sedatives have worn off. You should not drive yourself home after your procedure and should have someone organised (a friend or relative) to accompany you.
- Spotting of blood or persistent minor oozing will occur for up to 2 weeks following your procedure, and a **small surgical pad (Combine)** changed once to twice daily will be needed to prevent staining of your underwear. Bleeding will typically occur after opening your bowels.
- You should remain on **simple analgesics** for a few days. You can take 2 tablets of Paracetamol (1000mg) and/or Ibuprofen (400mg) regularly three times a day. Opioid medications (Endone) may sometimes be needed but should be used sparingly as they cause constipation.
- You will take a **Metronidazole (oral antibiotics)** 400mg one tablet three times daily for 5 days. This will reduce pain late in the first week.
- A tablespoon of natural psyllium husk (**Metamucil®** or Fibogel®) twice daily is recommended to soften your bowel motions. You may need some laxatives (Movicol or Lactulose) in case of developing unwanted constipation.
- Twice daily **warm salt water (Sitz) bathing** to the anal region is soothing and antiseptic and should be done for 1 week following your procedure.
- There are no restrictions on your normal daily activities, but excessive or strenuous activities should be avoided for 2-3 weeks until you are comfortable.
- You will need 5-14 days off work.
- You will be encouraged to have a **follow up appointment** with Dr Woo in 3-4 weeks.