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**Consulting at: Spire Tunbridge Wells Hospital, Maidstone &
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(KIMS) and BMI Somerfield Hospital Maidstone**

**PATIENT INFORMATION:
HAEMORRHOIDS**

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What are haemorrhoids?

Haemorrhoids (piles) are swellings which occur from the lining of the anus and lower rectum. Symptoms range from mild and temporary, to constant and painful. In many cases, haemorrhoids are small and symptoms settle down without the need for treatment. If needed, treatment is usually effective. There are several different treatment options available.

What causes haemorrhoids?

The exact cause of haemorrhoids is unknown but it is thought to be as a result of a weakness of the tissue connecting the anal cushions to the muscle layers underneath. In combination with frequent straining when opening the bowels, this can cause the anal cushions to slide out of their usual position and down the rectum. You are more likely to be prone to haemorrhoids if you eat a low fibre diet, if you strain when you open your bowels, if you are pregnant, if you have a family history of haemorrhoids, or as you age; due to weakening of the support structures in your rectum.

What are the symptoms of haemorrhoids?

Symptoms of haemorrhoids can vary from person to person, but common symptoms include: painless bleeding from your back passage, a lump on your anus, mucus discharge, feeling that you haven't completely emptied your bowels, swelling around your anus, itchy skin around the anus, pain and discomfort after a bowel movement if you have external piles.

What is the treatment for haemorrhoids?

To treat haemorrhoids without the need for surgery, you should avoid constipation and straining on the toilet. You should eat plenty of fibre; such as fruit, vegetables, cereals and wholemeal bread. You should maintain your fluid intake, drinking at least 2 litres per day. If a high fibre diet is not working, you can take bran or other fibre supplements which are available from the pharmacy or on prescription. You should avoid painkillers which contain codeine, as these commonly cause constipation. You should go to the toilet as soon as you feel the need and should not spend too long on the toilet or strain when opening your bowels.

What are the surgical treatments for haemorrhoids?

Banding and Injection Sclerotherapy – These are the most common procedures for treatment of haemorrhoids, usually used to treat grade 1 or 2 haemorrhoids. Using a sigmoidoscope, a rubber band is placed over the base of the haemorrhoid which cuts off the blood supply to the haemorrhoid, which then 'dies' and will drop off after a few days. In sclerotherapy, your piles will be injected with oily phenol which makes them shrivel up, the haemorrhoids then 'die' and drop off in a similar way to banding.

HALO Procedure (Doppler Guided Haemorrhoidal Artery Ligation) – Under general anaesthetic, the small arteries that supply blood to the haemorrhoids are ligated, causing the haemorrhoids to shrink. This procedure is not usually painful and is becoming much more popular. Mr Bailey will explain the procedure fully to you if it is applicable.

Stapled haemorrhoidopexy – During this procedure a circular stapling 'gun' is used to cut out a circular section of the lining of the anal canal above the haemorrhoids. This has the effect of pulling the haemorrhoids back up the anal canal. It also reduces the blood supply to the haemorrhoids which then shrink. This is a much less painful procedure than the traditional 'haemorrhoidectomy' which is now rarely used.

Preparing for your surgery

You will receive a pre-admission questionnaire from the hospital. By completing this you will help hospital staff to plan your care by taking into account your previous medical history and any past hospital treatment.

If you usually take medication, eg Blood pressure tablets, continue to take this as usual, unless you are specifically advised not to. If you are unsure about taking your medication please contact us. If you take aspirin, or other blood thinning agents, these will need to be stopped prior to the operation. The pre-ad team will advise you when to do this.

What does the operation involve?

We will carry out a number of checks to ensure you have the operation you came in for. You can help by confirming to us your name and the operation you are having.

There are a number of different haemorrhoid operations. We will discuss with you the most suitable for you prior to your surgery.

Surgery can last from 30 minutes to over an hour, depending upon the size of the problem and the technique used.

What are the complications?

Haemorrhoid surgery is a commonly performed and generally safe surgical procedure. For the majority of patients, the benefits in terms of improved symptoms are greater than the disadvantages. However all surgery carries an element of risk. The chance of complications will depend upon the exact type of operation you are having and other factors such as your general health.

Possible complications are:

1. **Complications of anaesthesia:** Your anaesthetist will discuss with you the possible complications of having an anaesthetic.
2. **Complications of surgery:**
 - ❖ **Pain:** All operations have an element of pain but every effort is made to minimise this. You will be monitored closely after surgery and given pain relief to keep you as comfortable as possible. Upon discharge, pain killers will be prescribed to take home. Take them as directed to keep 'ahead' of any discomfort.
 - ❖ **Bleeding:** A small amount of fresh bleeding is common for five to seven days after haemorrhoid surgery. If the volume is large or happens spontaneously medical attention should be sought. Blood transfusion is rarely needed.
 - ❖ **Infection:** This is a rare complication and you will be discharged with antibiotics to minimise the risk. If you develop fevers or pass foul smelling pus from the anus, medication should be immediately sought.
 - ❖ **Constipation:** This is common after haemorrhoid surgery. It is to be avoided if at all possible. Maintain lots of fluid and fibre and use laxatives if dietary manipulation fails.
 - ❖ **Tenesmus:** A feeling of incomplete evacuation is common and can last for up to a month.
 - ❖ **Recurrence:** The risk is small but always possible. Mr Bailey will discuss the risks specific to your surgery.
 - ❖ **Retention of Urine:** A rare complication that may require catheterisation.
 - ❖ **Muscle weakness:** Damage to both the internal and external sphincter muscle carries the possibility of incontinence to either flatus or faeces, the risks are very small and Mr Bailey will discuss these with you in the Out Patient Clinic and when gaining your consent.

If there is anything you do not understand or requires further clarification please let us know.

How soon will I recover?

In hospital

After the procedure you will be moved to the recovery area and then to the ward. You should be able to return home later the same day. However, we may recommend that you stay a little longer. If you do go home on the same day, a responsible adult should take you home by car or taxi and should stay with you for at least 24 hours. You should be near a telephone in case of an emergency. When you first open your bowels a small sponge may be seen. This is normal and has been placed inside to 'mop up' any small volume bleeding.

If you are concerned about anything, in hospital or when you are home, contact the hospital, contact details will be given to you before you leave. They should be able to reassure you or identify and treat any complications.

Healing following haemorrhoid surgery usually takes four to six weeks. It is not uncommon to experience some mucus discharge and intermittent bleeding for a week or two following the surgery and this is normal. Obviously, if the volumes are large or you have any concerns, please do not hesitate to contact the hospital or Mr Bailey.

Returning to normal activities

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered movement, feeling and co-ordination. If you have had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

You should avoid straining when you go to the toilet as this can reduce healing. To avoid constipation you should eat plenty of vegetables, fruit and maintain a high fibre diet with foods such as brown rice and wholemeal bread and pasta. Drink at least 2 litres of water daily.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor. This is usually for seven to ten days.

The amount of time you will require off work will depend upon your job. If possible, have a trial period at work where you can go home early if you become very sore. Usually a week to ten days will suffice.

Surgery is usually safe and effective. Complications can occur and you need to be aware of them to help you make an informed decision about the procedure, being aware of them can also help detect and treat any problems early.

This leaflet is for information only and should not replace advice that Mr Bailey and his team will give you. Please keep this information and use it to help you if you have any further questions or queries.