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STAPLED HAEMORRHOIDECTOMY (PILE OPERATION)

This general guide is designed to provide background information to the operation that you will shortly undergo. It aims to supplement verbal discussion, to answer common questions and to be readily available as an *aide memoir*. It cannot cover in detail every aspect of your individual operation and may not deal with some areas that are of particular concern to you. These can be dealt with individually.

You should feel free to ask about any aspect of your care. All your questions will be answered fully, honestly and in as much detail as you wish. In the heat of the moment it is easy for questions that you intended to ask to slip from your mind. You should note on paper any questions that you may have.

Further information is available at the web site above. This site also provides links to other sites that may provide additional information.

Pre-operative preparation.

During the week prior to surgery you should make a special effort to ensure your stools are soft. It is important that you continue to keep your stools soft for at least six weeks after your surgery. A laxative such as Lactulose or husk may be helpful. However, you must not get diarrhoea. You should drink at least 1.5 litres of fluid a day.

What is involved?

There are two options. The first option is the traditional open haemorrhoidectomy. The second option is the stapled haemorrhoidectomy. Some patients may be suitable for either technique, others only for one or other. The options will need to be discussed with you prior to your surgery. This advice sheet describes a stapled haemorrhoidectomy. A separate advise sheet is available for the open haemorrhoidectomy.

A special telescope is used to put a suture around the top of the haemorrhoids. This is then gathered up over the head of a stapler and as it is cut away the staples close the wound.

Pain relief.

Proper pain relief is very important for both holistic and physiological reasons. Your post-operative recovery will be slower if you do not have adequate pain relief. Patients often have an understandable reluctance to take pain relieving drugs. This is a mistake and may increase post-operative complications. The principal that underlies all methods of pain relief is that the drugs work best if you anticipate the pain. A small quantity of the drug taken regularly (even if pain free at that time) will work better than waiting for the pain to occur and then taking a larger dose.

The major advantage of stapled haemorrhoidectomy over open haemorrhoidectomy is that is much less painful. After the operation you may require an injection to provide you with pain relief, but after that adequate pain relief can normally be achieved by simple oral

medication. Regular Panadol, regardless of whether you have pain or not, should be used to provide back ground pain relief for a week after your stapled haemorrhoidectomy. Additional, stronger pain killers and/or anti-inflammatory drugs can be taken on top of the Panadol for break through pain. However, up to third of patients require nothing other than Panadol after two to three days. Almost all patients have stopped pain killers by seven days.

Many stronger pain relieving drug contain codeine or similar drugs and this will tend to cause constipation and a hard stool. This will make defaecation more painful. This is why you must make your stools soft prior to the surgery and continue with a laxative such as lactulose and drink plenty of water. Anti-inflammatory drugs can irritate the stomach and should be taken with food. Normally they can be stopped after seven days.

A warm bath is an effective way of reducing the pain and you may find a warm bath several times a day helpful. Do not put salt in the bath as this will dry the skin and may burn any open area.

Day one.

You are encouraged to be mobile as soon as you have recovered from the anaesthetic. It is now possible to go home immediately after the operation or the next day, but you must have somebody at home when you open your bowels for the first time.

Dressing and stitches.

There may be a soft dressing around the anus. This can be gently pulled off the first day when you are in the bath.

At home.

You are encouraged to be as active as possible. There may be some bleeding with your bowel motion for up to one week. Occasionally there is a brisk, larger bleed at ten days. If this occurs you should call my rooms or the hospital.

Return to work and normal activities.

There is no fixed period that has to elapse before you can resume normal activities. You should be guided by your pain. Many patients will return to work within one week, and almost all will have resumed full activities by two weeks. You can resume sexual activity when you feel comfortable. For medico-legal reasons you should not drive a vehicle for at least seven days.

What can go wrong?

In surgical terms this is a minor operation. Although major surgical complications are a rare event other complications are possible, as after any surgical procedure. These include drug reactions, post-operative bleeding, deep vein thrombosis, heart and lung complications and wound infections. This list is not exhaustive and if you have any concerns about the possible side effects or complications you should ask about them before you sign the consent form.

The most common complication is a sudden haemorrhage at about 7 – 10 days. This is called a secondary haemorrhage. Normally it is little more than the passage of a bright red blood clot that stops. On a few occasions this bleeding can be greater and persist. In that case you need to seek urgent advice through my rooms or attend an Emergency Department. Very occasionally a secondary haemorrhage does not stop spontaneously and an operation is required to place a suture through the bleeding artery.

There are some specific complications to stapled haemorrhoidectomy. Some patients (1 in 50) develop severe pain. This is because the staples are too low. It will settle over 7-10 days. Occasionally (less than 1 in 200) patients can develop an stricture at the staple line.

This may require a second operation to dilate the stricture. Very rarely a serious infection can occur. This would require admission to hospital, antibiotics and occasionally surgery.