



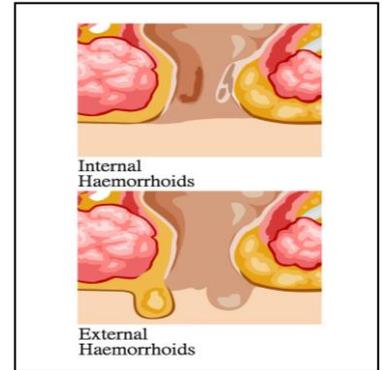
## Operation Information

### Haemorrhoidectomy

#### Introduction

Haemorrhoids occur when vasculatures in the anal canal become swollen. The exact cause is unknown, but haemorrhoids are strongly associated with constipation, pregnancy, aging and genetic factors. Typical symptoms include per rectal bleeding, pain and prolapse, etc. Thrombosis is the most painful complication of internal or external haemorrhoids. Internal haemorrhoids are located about 1-2cm above the anus while external ones are located at the outer edge of the anus.

Surgical treatment includes Conventional Haemorrhoidectomy or Stapled Haemorrhoidectomy. Choice of operation depends on the disease type and patient needs.



#### Outcomes

This operation is to treat symptoms due to haemorrhoid, e.g. discomfort, pain and prevent bleeding. One should not expect haemorrhoids to be eradicated after the surgery.

#### Procedures

1. The operation can be performed under spinal or general anaesthesia.
2. This operation could be conventional haemorrhoidectomy or stapled haemorrhoidectomy.
  - i) **Conventional haemorrhoidectomy:**  
The doctor will excise the piles while protecting the sphincter muscle and the exposed wound will then heal naturally.
  - ii) **Stapled haemorrhoidectomy:**  
The doctor will put a specially designed instrument (stapler) into the rectum to remove a circular piece of rectal mucosa above the piles. This pulls the piles back into the anal canal and also interrupts the blood supply to the piles. The staples are used to join tissue together and facilitate wound healing. The staples are meant to be permanent.

#### Possible Risks and Complications

1. Wound bleeding
2. Wound infection
3. Anal stricture
4. Recurrence
5. Tenesmus
6. Damage to anal sphincter leading to faecal incontinence

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medication.
4. Cleansing bowels with a laxative as prescribed by the doctor the night before the operation.
5. Antibiotic prophylaxis may be required before the operation.
6. No food or drink six to eight hours before operation.
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
8. Please empty your bladder before the operation.

## Post-operative Instructions

### General

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. Slight oozing from the anal wound in the first 2 weeks after operation is normal.
4. You may be given laxative to reduce the discomfort in the early post operative period.

### Diet

1. A normal diet may be resumed as instructed after recovering from anaesthesia.
2. After recovery from operation, you are advised to consume adequate fluid and fiber diet to avoid constipation.

## Advice on Discharge

1. You may feel some anal distension and *sense of incomplete bowel emptying*. Painkiller could relieve the sensation. It usually takes 2-3 days to resolve. Remember not to force bowel movements.
2. Prescribed pain medication may be taken as needed.
3. Sitz bath shall be taken twice a day and also after bowel movement to prevent inflammation and promote wound healing (Sitz bath treatment may not be required for Stapled Haemorrhoidectomy).
4. Shower bath is allowed. **You must ensure the wound remains clean and dry.**
5. Immediately consult your doctor or return to hospital for professional attention in the event of severe rectal pain, excessive bleeding, difficulty in urination, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms, etc.
6. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

