

# Haemorrhoids

Day Surgery Unit



Patient information leaflet

## What are haemorrhoids?

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The anal canal (back passage) contains 'cushions' of tissue at the top of the inner sphincter (ring of muscle). These are normal structures and assist in forming a seal to prevent leakage of faeces. These cushions can become disrupted and enlarge, leading to the condition known as haemorrhoids (piles). The symptoms of haemorrhoids are as follows:

- **Bright red bleeding** when having your bowels open.
- **Discomfort** during and after a bowel movement.
- **Discharge of mucus** from the anus and itching.
- **Prolapse** – an area of swelling coming down through the anal opening during a bowel movement.

## What treatment is available?

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### Non-operative

- Many creams/ointments/suppositories are available over the counter to help relieve the symptoms of haemorrhoids.
- Increasing your fluid intake and the amount of fibre in your diet, as well as improving your bowel technique (i.e. not straining to pass a stool) may also reduce symptoms.
- **Rubber band ligation** – A small rubber band is placed around the base of the haemorrhoid, cutting off its blood supply and causing it to drop off. This procedure may be performed in outpatients or in the endoscopy unit following a camera examination of the lower bowel.
- **Injection Sclerotherapy** – An oily fluid is injected into the haemorrhoid. This contains phenol which causes the blood vessels to shrink. The injection should be almost painless but some patients may need to take paracetamol for the first twenty four hours. This procedure can be performed in outpatients or in the endoscopy unit.

## Surgical techniques

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If non-operative measures fail to control the symptoms, an operation may be considered. The options are:

- **Standard operative haemorrhoidectomy** – excision of redundant skin at the anal opening together with the internal haemorrhoid.
- **Stapled anopexy** – some patients may be suitable for this new technique. The surgical team will discuss this with you if appropriate.
- **Sutured Haemorrhoidopexy** – In some patients where bleeding is the predominant factor it may be possible to place simple sutures into the main blood vessel supplying the haemorrhoid. This causes this haemorrhoid to shrink back. This procedure is less suitable if there is a large external component to the haemorrhoid.

## What happens following my operation?

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### Wound care

It is important to keep the area clean following your surgery. Have a bath or shower daily and after having your bowels open. Sitting in a warm bath for about 15 minutes may be soothing.

You may have a small sponge pack in your back passage to help prevent bleeding. This will come away when you next have your bowels open.

### Bleeding

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Some bleeding or discharge is normal after this procedure. You will be provided with gauze to place in your underwear to prevent soiling of your clothes.

## **Pain relief**

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You should expect the anal area to be tender following your surgery. Some patients will experience sclerotherapy in the first 7-10 days. Painkilling drugs will be given on the unit as required. You will also be provided with painkillers to take home.

All medication dispensed by the Unit carries a prescription charge, unless you are exempt.

## **Antibiotics**

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Some patients will receive a course of antibiotics (i.e. metronidazole) for five days after surgery. This reduces the level of discomfort suffered during the recovery period. You must not drink alcohol whilst taking these tablets.

## **Exercise and activity**

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When you return home you may just want to sleep. The next day you should get up and be gently active, as comfort allows. This will help to prevent constipation.

Avoid strenuous exercise until you have healed (about two weeks).

## **Eating and drinking**

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It is important to avoid becoming constipated while you are healing. Eat a high-fibre diet and drink at least 2-3 pints of fluid daily.

Should you begin to become constipated, you can obtain a mild laxative from your local pharmacist.

## **Work**

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You are advised to take at least 7-10 days off work to recover from your operation. You may return to work when you can perform your job comfortably.

## Driving

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You **must not** drive for at least 24 hours following a general anaesthetic. You may resume driving when you feel comfortable and are able to perform an emergency stop with ease.

## Sexual intercourse

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You may resume sexual activity as comfort allows.

## Outpatients appointment

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If required, a follow-up appointment will be sent to you through the post.

## Potential risks and complications

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Haemorrhoidectomy is generally very safe. However, as with any surgery, it carries risks.

### These include:

- Difficulty in passing urine. In some cases a catheter would need to be inserted into the bladder to drain urine. You will be encouraged to pass urine before leaving the hospital.
- Excessive bleeding. Readmission to hospital may be required for observation or, rarely, further surgery.
- Infection after this surgery is rare. If you discover a discharge, contact the Day Surgery Unit or your GP for advice.

## Reference source

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- [www.nhs.uk/conditions/haemorrhoids](http://www.nhs.uk/conditions/haemorrhoids)

## **Any complaints or comments?**

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If you have any complaints or comments please contact the Doctors or Nurses straight away. If this does not solve the problem please contact the Day Surgery Unit Sister on 01483 406783 or write to the Day Surgery Unit, Royal Surrey County Hospital, Egerton Road, Guildford, Surrey GU2 7XX. Similarly if you have any other comments about the service provided we would also like to hear from you.

**These notes will not cover everything. If you want to know more, please ask.**



## Contact details

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If you require further advice, please do not hesitate to contact us.

### Day Surgery Unit

**Telephone:** 01483 406783 (Monday–Friday, 8am–6pm)

### Surgical Short Stay Unit

**Telephone:** 01483 406828

### Out of hours advice

**Telephone:** Call 111 (formerly NHS Direct)

**Website:** [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

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## PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** [rsc-tr.pals@nhs.net](mailto:rsc-tr.pals@nhs.net)

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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