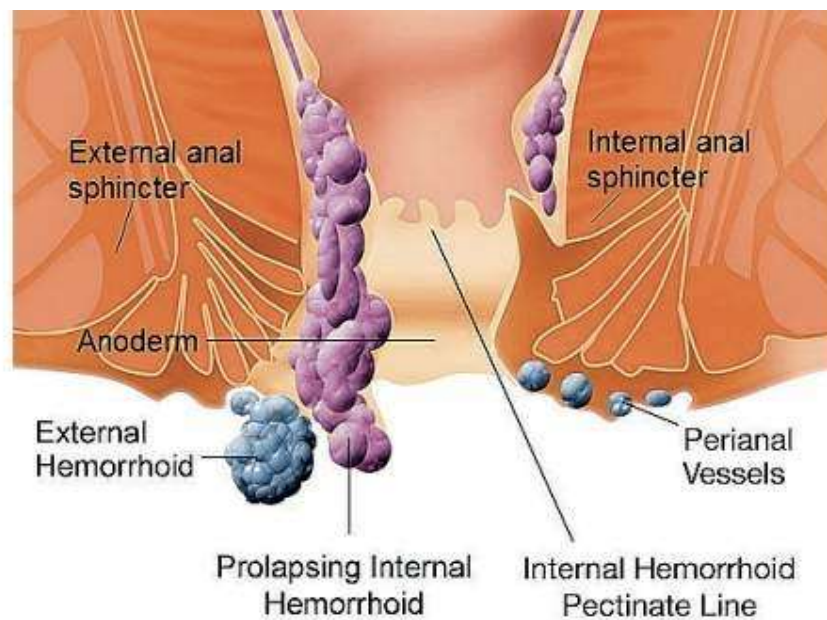


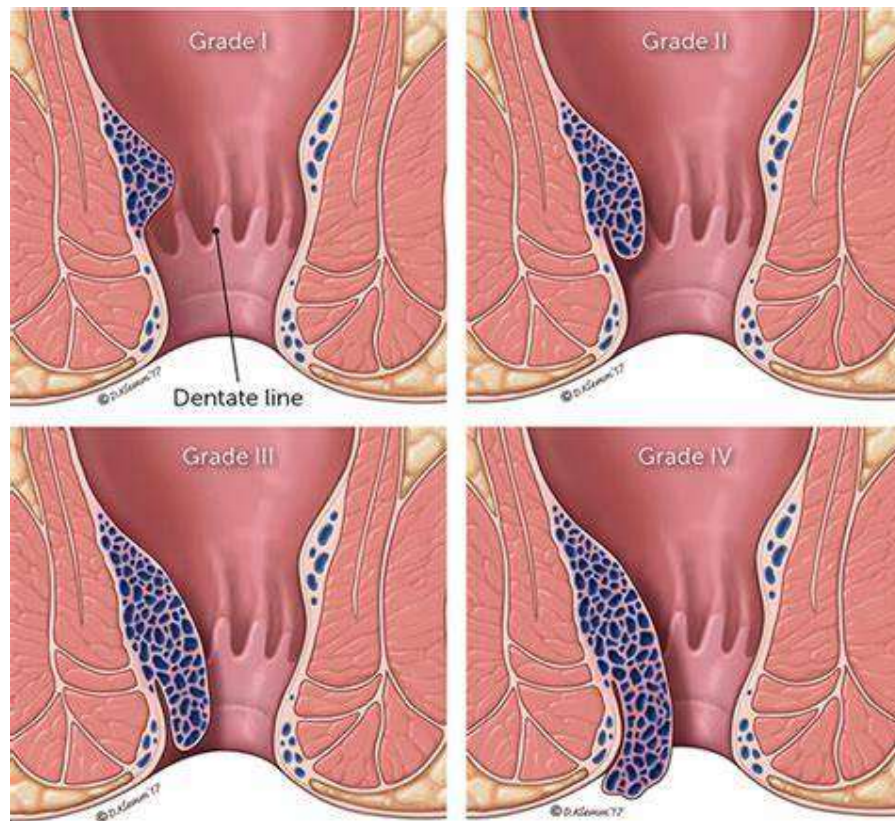
Haemorrhoidectomy or banding of haemorrhoids post-operative care

Haemorrhoids, also known as piles, are veins in the anus and rectum that become swollen and inflamed. They are referred to as the 'varicose veins' of the anal passage. They are usually caused by straining during bowel movements, obesity and pregnancy. They can cause painless bleeding after opening bowels, itchiness, a rectal fullness or anal lump and pain after opening bowels.

Banding of haemorrhoids is appropriate for smaller or moderate sized haemorrhoids.

If haemorrhoids are larger or complex, a haemorrhoidectomy will be required.





Haemorrhoid grading

Grade I

Haemorrhoids are present but do not extend out of the anus

Grade II

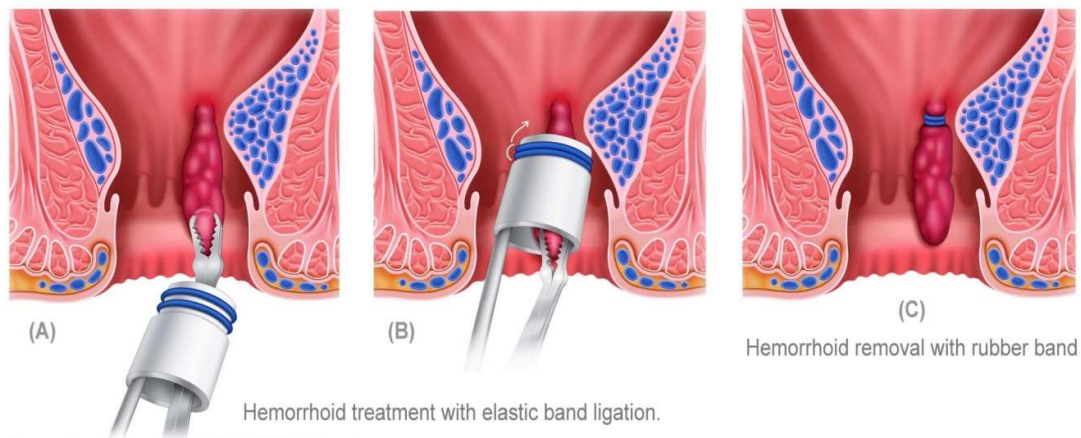
Haemorrhoids extend out of the anus with bowel movements or straining but reduce spontaneously

Grade III

Haemorrhoids prolapse outside of the anal canal and require manual reduction

Grade IV

Haemorrhoids are permanently prolapsed and cannot be manually reduced



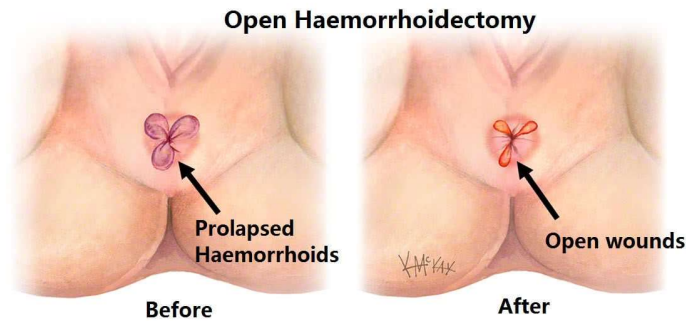
Banding of haemorrhoids

Banding of haemorrhoids involves applying two rubber bands to the base of the internal haemorrhoid which restricts the blood flow eventually causing the haemorrhoid to shrivel up and fall off.

Open haemorrhoidectomy

Open haemorrhoidectomy involves surgically removing grade 3 and grade 4 prolapsed or external haemorrhoids. Care is taken to remove the haemorrhoid tissue and protect the underlying anal sphincter muscle.

Most haemorrhoids are located in the 3, 7 and 11 o'clock position if you are looking at the anus. Excision of these three haemorrhoid cushions leaves three raw wounds that are given the appearance of a clover. These open wounds will heal by secondary intention, slowly from the base and edges inwards over a number of weeks.



Pain

The first week or two are the most uncomfortable and painful.

After a haemorrhoidectomy, the pain can be quite considerable and can last from a number of days to weeks.

After banding of haemorrhoids, the pain is more like a dull ache in the anal region or a sense of fullness.

Rest with your feet elevated. Use a pillow to sit on.

It is important to have good pain relief to enable you to open your bowels easily. Ideally try take pain relief 15-20 minutes before opening your bowels.

For pain relief take regular Paracetamol (Panadol, Panamax), switching to Panadeine or Panadeine Forte for increased levels of pain, especially before opening bowels. You may be sent home with Palexia (Tapentadol) slow release (SR) or immediate release (IR) and/or Endone. Please take these as prescribed and be aware that they may constipate you (including the codeine in Panadeine and Panadeine Forte). These drugs can also make you drowsy. Please do not drive if you are taking the stronger pain medication. You may also be sent home with anti-inflammatory drugs (eg. Celebrex 200mg once daily or Celebrex 100mg twice a day for 5-7days or Ibuprofen/Nurofen or Mobic).

If you need ongoing strong pain relief and your supply from hospital has run out, please call our rooms between 9am-5pm Monday to Friday and discuss this with the Practice Nurse or Dr Vasica. Prescriptions can only be provided if the surgeon is available. Alternatively, get in touch with your GP.

Bowels

You will be discharged with aperients/stool softeners.

It is recommended in taking Metamucil 1 teaspoon in a glass of water once or twice a day for at least 14 days after surgery, adding Lactulose/Duphalac syrup 30mls at night.

Metamucil provides stool bulk and Lactulose is a stool softener.

Avoid getting constipated and straining when opening your bowels. Ideally you want to have a bowel motion the day after surgery. Increase high fibre diet such as fruit and prunes. Keep well hydrated. Be proactive in taking aperients morning and/or night to ensure your bowels are of a 'toothpaste' consistency for the first 2 weeks.

You may want to consider staying on a fibre supplement like Metamucil, Benefibre or Psyllium husk long term to avoid getting recurrent haemorrhoids.

Wounds

Your wounds will be internal for banding and both internal and external for a haemorrhoidectomy. You may have a cotton gauze dressing over the operated area after surgery, which you can leave there until the following morning. Remove prior to having a shower and salt bath, or you can soak this off in the shower or salt bath. It is Ok if this dressing falls off or needs to be removed to open your bowels prior to the following morning.

Expect mild bleeding (spotting) for the first five days. You may want to keep an absorbent dressing in your underwear to absorb any bloody discharge for several days. You can use a women's panty liner if comfortable.

Bleeding will typically occur after opening your bowels.

During the first 24 hours, apply an ice pack for 20 minutes 3-4 times per day, between having hot salt baths, as described below. This will help reduce wound swelling. Wrap the ice pack in a towel to ensure the ice pack does not touch your skin. This helps to reduce swelling and pain.

Sitz bath - Take warm to hot salt (sitz) baths for 15-20 minutes 3-4 times per day, for as long as is required in providing relief. A sitz bath is simply immersing your bottom in salty water, either in a bath or a receptacle big enough to sit your bottom in.

Salt baths help to soothe the anal area, reduces spasms and keeps the area clean, therefore decreasing chance of infection.

Bath tub: add ¼ cup (a handful) of salt to water in a bath tub.

Small tub/alternative receptacle: if you do not have a bath, you may add 1-2 teaspoons (5-10mls) salt to warm water in a small tub/receptacle. Remember not to overfill the receptacle, as when your bottom tucks into it, it will displace a fair amount of water and may overflow.

Salt baths help to soothe the area, reduces spasms and keeps the area clean, therefore decreasing chance of infection.

Gently pat the area dry after your soak (avoid rubbing) and use a hairdryer on low warm setting to dry.

After each bowel motion, gently wash the area with unscented soft wet wipes (antibacterial wipes) or under the shower and gently pat dry, avoid rubbing the area.

Monitor the amount of bleeding you have. If you open your bowels and it is mostly blood, ie more than a couple of teaspoons a day, please return to your nearest emergency department.

With banding of haemorrhoids, expect to have a bit of increased bleeding at approximately day 5-10, when the banded haemorrhoids fall off.

With an open haemorrhoidectomy, expect some swelling and inflammation around the wounds. There will be a sensation of a new lump, prolapse, anal tag or even a haemorrhoid. This is usually the adjacent skin which has become swollen and inflamed.

Please allow 6-8 weeks for the swelling to subside and healing to complete before assessing the final outcome.

With an open haemorrhoidectomy, once the bleeding settles which may take more than a few weeks, there may be some mucous discharge which is quite normal as there are anal glands in the anal canal which help lubricate the passage of bowel motions. This mucous discharge may cause some local irritation to the skin and redden the area (like a nappy rash). Ensure you keep this area clean and dry and you may need to apply a very thin layer of a barrier cream like sudocrem to protect the healthy skin.

Antibiotics

You will be discharged with antibiotics, usually Flagyl 400mg, taken three times per day for 5 days to reduce the chance of infection at the haemorrhoidectomy site.

Do not drink alcohol with the antibiotic.

Diet

Eat a well- balanced high fibre diet, with plenty of fruit and vegetables. Drink 6-8 glasses water per day to avoid constipation.

Activity

Gentle activity for the first few days. You may feel tired after a general anaesthetic. Walking as per comfort levels.

Avoid any heavy lifting >5kg for the first 2 – 3 weeks.

Avoid standing for long periods for the first 2 - 3 weeks.

Work & Driving

You have had a general anaesthetic, therefore avoid alcohol, operating machinery and making personal or business decisions for the first 48 hours. Return to work after a couple of days to one week depending on your surgery and recovery. Take longer if your work involves manual labour. Please contact our office for a medical certificate.

No driving or riding a bicycle for 24 hours after a general anaesthetic. Strong pain relief may make you drowsy and less attentive to traffic conditions, therefore be cautious to restart driving.

Clot prevention

Wear compression tights if supplied by the hospital for one to two weeks, until fully mobile.

Keep doing deep breathing exercises, leg exercises, and frequent little walks to keep the blood pumping in your legs. If you notice any discomfort, pain, swelling in your calves and lower legs or you notice you are short of breath or have chest pain, please present to your GP ASAP, or return to your nearest emergency department.

No flying is recommended for three weeks post operatively. After this, it may be recommended to take aspirin from 24 hours pre-flight and wear compression stockings if flying close to this period. Please discuss with Dr Vasica.

If you take anticoagulants (Warfarin, Aspirin, Xarelto, Apixaban etc), please confirm when you are to resume these.

Problems

Please contact us immediately or present to your GP if you experience:

Prolonged or heavy bleeding with the passage of clots (present to your nearest emergency department)

Pain that is not relieved by pain relief medications provided

Chills and persistent fevers > 38C

Worsening nausea and/or vomiting

Difficulty passing urine

Unable to pass stools or gas

Anal discharge which is increasing, purulent and offensive

Itchiness, signs of a reaction to medication

If you think that there may be something wrong or you are worried, please do not hesitate to call

If serious, and/or after hours, please present to your nearest emergency department

Follow up appointment

Our Practice Nurse will see you at approximately two weeks after surgery unless otherwise specified.

Please contact the office on 9997 7346 to make this appointment.

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