

Stapled Haemorrhoidectomy

Information for patients

What are Haemorrhoids?

Haemorrhoids, also known as piles are enlarged or swollen blood vessels in or around the lower rectum and anus. Haemorrhoids are not life threatening, but they can cause itching, bleeding and pain. Internal Haemorrhoids develop in the lower rectum, a few centimetres above the opening of the anus. If they extend out of the opening of the anus, they are described as 'prolapsed'.

What causes Haemorrhoids?

Constipation, pregnancy, childbirth, obesity and straining whilst lifting or vomiting, can all contribute to the development of haemorrhoids.

Why do I need an operation for haemorrhoids?

Treatment usually begins with a focus on dietary improvements by increasing fluid and fibre intake and through avoidance of spending long periods of time or straining when using the toilet. If these measures are unsuccessful then haemorrhoids can be injected or banded. When this fails or if the haemorrhoids start to prolapse then stapled haemorrhoidectomy is advised.

What happens if haemorrhoids are left untreated?

Untreated haemorrhoids can drop outside the anal canal and become twisted, causing pain.

Haemorrhoids can also cause leakage of mucous and inflammation or irritation of the skin around the anus.

Stapled Haemorrhoidectomy

A stapled haemorrhoidectomy is an operation to return the haemorrhoids to a normal position inside the back passage (rectum). A specially designed circular stapling instrument is gently inserted into the back passage. The operation pulls the swollen and prolapsing blood vessels of the haemorrhoids (piles) back into their normal position by removing a circumferential section (complete ring) of the internal rectal lining. The wound is inside the rectum causing little pain.

National guidance suggests that stapled haemorrhoidectomy is as effective as traditional surgical removal of piles with the additional benefits of being associated with;

- less post-operative pain
- faster recovery time
- shorter hospital stay
- early return to normal activities and improved patient satisfaction.

What are the risks?

There are risks, as with all operations. Approximately, 1 in 15 (5-8%) patients may have further piles in the future. Other complications include:

- Pain and discomfort
- Bleeding that often stops on its own but can continue up to 14 days after surgery and rarely this may result in being readmitted for observation, treatment or further surgery (0.5 to 1%)
- Infection / inflammation
- Persistent urgent need to go to the toilet with some leakage
- Rarely narrowing of the anus (stenosis) can occur
- Deep vein thrombosis (blood clot), Pulmonary embolism (PE)

Will I need to stay in hospital?

The operation is usually performed as a day case procedure allowing you to return home the same day. Either a general or regional (epidural, spinal) anaesthesia is used. Your surgeon and anaesthetist will discuss these choices with you.

Do I need bowel preparation?

Yes. You may be required to have an enema on the day of your operation to help empty your rectum.

What happens before the operation?

Prior to admission you will need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your operation. The pre-operative assessment nurses will help you with any worries or concerns that you have and will give you advice on any preparation needed for your surgery.

Before your date of admission to hospital, please read very closely the instructions given to you. You will be given specific instructions about when to stop eating and drinking, please follow these carefully as otherwise this may pose an anaesthetic risk and we may have to cancel your surgery. You should bath or shower before coming to hospital. On admission a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have.

The surgeon, specialist nurse and anaesthetist will visit you and answer any questions that you have. You will be asked to sign a consent form. A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the Anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A small plastic tube will be put in the back of your hand using a needle. This will be used to give you the medication to send you off to sleep.

Preventing Deep Vein Thrombosis (DVT)

Your risk for DVT will be assessed on the day of your operation and you may require an injection of medicine to prevent blood clots. In addition you may be asked to wear anti-embolic stockings that should ideally be worn until you are back to your usual level of activity (usually 24 hours). If you need to wear them for longer than 24 hours, you should remove them for 30 minutes each day.

If possible, avoid long periods of immobility, if you feel more tired than usual it is still important that you try to mobilise to promote circulation. For instance mobilising around the house or going out for short walks.

What happens after the operation?

Your blood pressure and pulse will be monitored closely over the first few hours. You will normally be able to start drinking shortly after the procedure, and can start eating as soon as you are hungry. You will normally be able to get out of bed as soon as you feel well enough.

You may experience some discomfort. If you do, the nurses will give you painkillers. Before your discharge you will be given a supply of pain killers, laxatives and post-operative instructions. Your GP will be notified of your discharge and a hospital follow-up appointment will be arranged for you.

How long will it take to recover from the anaesthetic?

Whilst most of the effects of anaesthesia wear off in a few hours, it is common to have poor concentration and memory for the first day or so. It is important therefore that you do not make important decisions, sign legal documents, drive, operate machinery or equipment for at least 24 hours after the anaesthetic. Muscle aches or headaches may also be experienced over the first few days.

Will I feel sick after surgery?

Nausea and vomiting are not unusual after surgery; we endeavour to keep this at a minimum. Medication can be used during the anaesthetic and after to control this. Take extra rest and try to drink something regularly. If you can tolerate food, take small frequent snacks.

How much pain should I expect?

Although the operation is less painful than traditional haemorrhoidectomy surgery, you may have discomfort within the back passage during the first few days after your operation. You will be given simple pain relieving medicine, by your surgeon or a specialist nurse, to take when you are at home. You may have an urgent need to open your bowels even though there is nothing coming out. When you do go to the toilet there may be some bleeding though this usually stops within a few days.

What will happen to the staples?

The titanium staples used are very small; only a few millimetres long. Over a period of weeks and months some of them may pass during a bowel action. Most, though, remain at the operation site for ever. They will not cause difficulties and will not affect metal detectors during security check at airports.

What daily activities can I do?

You can exercise almost immediately. Start with mild exercise and gradually build up to your normal activity levels over a period of a few weeks. Sexual intercourse may be uncomfortable for a week or two after surgery. It will not disturb the operation.

When can I return to work?

You should feel well enough to return to work within 7-10 days though this will depend on your type of job. If your job involves sitting for long periods or straining you may require longer.

Who can I contact if I am concerned after discharge?

If you have any concerns or experience any of the following symptoms once discharged, please contact the Surgical Assessment Unit (SAU) on 01274 383253 to speak with a member of the medical team who will offer advice. The SAU is open 24 hours a day.

- increasing pain, redness, swelling or discharge
- severe bleeding
- constipation for more than three days, despite using a laxative
- difficulty in passing urine
- high temperature (over 38°C), or chills
- persistent nausea or vomiting

Smoking Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke in any of the hospital buildings or grounds, with the exception of the smoking shelters which are provided for visitors and patients only.

Wristbands When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay. The wristband will contain accurate details about you on it including all of the essential information that staff need to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear the wristband at all times. If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

By Textphone -We use Next Generation Text for people with hearing difficulties. This used to be called BT Text Relay. To contact us ring 18001 01274 followed by the number you require.

If you need this information in another format or language, please ask a member of staff to arrange this for you.

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