

Surgery for Haemorrhoids (piles) 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.

What would happen 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.

What are the symptoms of haemorrhoids?

The most common symptom of haemorrhoids is bleeding, which is usually bright red, separate or on the surface of the stool. This often happens after you have opened your bowels.

Other symptoms include itching and soreness around your anus.

Haemorrhoids may occasionally cause acute pain that is associated with a lump protruding from the anus known as a thrombosed haemorrhoid. This can often be relieved by applying a cold compress such as a pack of frozen peas wrapped with a piece of clothing.

You may feel a prolapse, which is when the haemorrhoid comes down when opening your bowels. Haemorrhoids often go back in naturally or they can be pushed back, but occasionally stay prolapsed.

What can I do to prevent or treat piles?

- If you aim to eat a high fibre diet and drink plenty of water (between six and ten glasses a day), you should be able to keep your faeces soft, which will help you pass them without straining. Sometimes your doctor or dietician will recommend a fibre supplement to help you.
- Try not to strain (push too hard) when you go to the toilet; it is better to try to pass faeces only when your body is ready to do so.
- You may also find a sitz bath (sitting in a bath of warm water that is deep enough to cover your bottom) can ease irritation or mild discomfort.

What treatments are available?

Injection therapy

Haemorrhoids can be injected internally, which should not hurt. This causes them to shrivel up and helps to stop bleeding. The injection can cause a dull ache for several hours, and there may be some bleeding or mucous discharge for a few days. If you experience pain, you can take a simple painkiller (such as paracetamol). There is no reason why you need to stop your normal activity after this small operation. This treatment can be repeated if necessary.

Banding

Banding is a treatment that can be very effective for controlling both bleeding and prolapse. The procedure is undertaken using general anaesthetic where a small rubber band is placed around the haemorrhoid, which then scars and falls off within 10-14 days. This usually causes some discomfort, which can be controlled with simple painkillers. There can be some bleeding or mucous discharge for a few days, but this shouldn't prevent you from normal activities. This treatment can be repeated if necessary.

Haemorrhoidectomy

For some types of haemorrhoids, or if other treatments have failed, an operation called a haemorrhoidectomy might be recommended. In this operation, the haemorrhoids are directly removed. The tissue is then closed with stitches (sutures) or the wounds can be left open to heal. Most of the stitches lie inside the anal canal, but some will be on the outside. The stitches usually dissolve over a period of two to four weeks. You don't need to have them removed and no special dressings are required.

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)

Whilst many complications are immediately obvious and can be corrected, some may not appear for a few days. There is an increased risk of postoperative complications if you are overweight or if you smoke. The risks of surgery are assessed on an individual basis, as they can vary depending if you have any underlying health issues. Please discuss this with the medical team.

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.
- You may be required to have an enema on the day of your operation to help empty your rectum.
- 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.
- The operation is usually performed as a day case procedure allowing you to return home the same day. The procedure is commonly undertaken whilst you are asleep (under a general anaesthetic). Your surgeon and anaesthetist will discuss these choices with you.

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 after it is still important that you try to mobilise to promote circulation. For instance mobilising around the house or going out for short walks several times a day.

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?

You may experience some slight discomfort and notice that you have a slightly sore throat. This is due to the "breathing" tube placed in your throat during surgery and should subside in a day or so. To minimise any discomfort, you should take the painkillers that you have been given, regularly over the first few days (ensuring that you do not exceed the dose prescribed). After your discharge, if you have any queries or problems with your painkillers you can seek advice from your local GP or chemist.

What daily activities can I do?

Try not to open your bowels until the day after your surgery. You will be able to take a bath or shower as you would normally, but please avoid strenuous exercise, such as jogging or riding a bike, for the rest of the day. You should be able to get back to normal activities the next day.

You may have a dull ache inside your anus for a short while. This is normal and you may take regular over-the-counter painkillers (such as paracetamol) if you need to. You may also have some bleeding for several days. You may even see the haemorrhoid and band in your stool when you open your bowels. This is perfectly normal

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 department 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
- nausea or vomiting

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

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. To contact us ring 18001 01274 followed by the telephone number you require.

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