

Haemorrhoidectomy

Your Piles Operation - Some Information

These notes give a guide to your stay in hospital. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

What are piles?

Piles are loose lining skin bulging out through the ring muscle which holds the back passage shut. They contain big blood vessels which can clot up giving pain, or they can bleed. The loose skin can produce irritating tags.

What does the operation consist of?

The ring muscle is stretched and the piles are trimmed off. The wound heals up within a week or two.

Are there any alternatives?

If you do nothing the piles will stay about as troublesome as they are now or get worse. They will not get better.

Simple stretching of the muscle at the back passage is very quick, but this way is not so good for piles which are dropping down, or for skin tags. There is a risk of damage to bowel control after stretching. Stretching can work well for a single bad attack of piles.

Instead of cutting off the piles, they can be frozen or nipped off with rubber bands.

Overall I think you will do better to have the piles cut out.

What happens before the operation?

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist. You will have your details checked. You will be shown to your bed and will be asked to change into your nightwear. You will have some basic tests done, such as pulse, temperature, blood pressure and urine examination.

You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.

Visits by the surgical team

You will be seen first by the House Surgeon, who will interview and examine you. He, or she, will arrange some special tests such as x-rays and blood samples. The operation will be explained to you. You will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the doctors or from the nurses. They are never too busy to do this.

You will be given a wash-out through the back passage to make sure that the bowel is clean for the operation. This is not uncomfortable.

You will be seen by the surgeon who will be doing the operation. He will check that all the necessary preparations have been made.

Visits by the anaesthetic team

One or more anaesthetists who will be giving your anaesthetic will interview and examine you. They will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had, plus any anaesthetic problems in the family.

Diet

You will have your usual diet until 6-12 hours before the operation. Then you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during the operation.

Periods

The periods do not affect the operation.

Shaving

Excess hair will be shaved off to prevent it affecting the wound.

Timing of the operation

The timing of your operation is usually arranged the day before. The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Premedication

You may be given a sedative injection or tablets about 1 hour before the operation.

Transfer to theatre

You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. You will be wearing a cotton gown. Wedding rings will be fastened with tape.

Removable dentures will be left on the ward. There will be several checks on your details on the way to the anaesthetic room where your anaesthetic will begin. You will then go to sleep.

The operation is then performed.

What happens after the operation?

Coming round after the anaesthetic

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary.

Warning after a General Anaesthetic

The drugs we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright.

For 24 hours after your general anaesthetic:

Do not make any important decisions.

Will it hurt?

There is some discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant.

You will be expected to get out of bed the day after operation despite the discomfort. You will not do the wound any harm, and the exercise is very helpful for you.

The second day after operation you should be able to spend most of your time out of bed and in reasonable comfort. You should be able to walk slowly along the corridor.

By the end of one week the wound should be virtually pain-free.

Drinking and eating

You will be able to drink within an hour or two of the operation provided you are not feeling sick.

The next day you should be able to manage small helpings of normal food.

Opening bowels

It is quite normal for the bowels not to open for a day or so after operation.

The first time you open your bowels it may be a bit painful but this rapidly improves.

You will be given medication to help the bowels move after your operation.

Once your bowels have opened you can make plans to go home.

Passing urine

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you to a commode or the toilet.

If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

What about the periods?

Menstrual bleeding at the time of your operation presents no problems.

Tampons can be used normally. Alternatively the piles dressing will act as a sanitary pad.

Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

The wound

The wound has a dressing held on with elasticated net pants. There may be some staining with old blood during the first 12 hours.

The dressing will be removed the day after operation and will be replaced with a lighter dressing.

There may be some purple bruising around the wound which spreads downwards by gravity and fades to a yellow colour after 2 to 3 days. It is not important.

There are black threads tied round the stumps of the piles. These will drop off by themselves in 2 or 3 days. Do not pull them.

Washing

You can wash the wound area as soon as the dressing has been removed. Soap and tap water are entirely adequate. Salted water is not necessary. You can bathe or shower as often as you wish.

What about informing my relatives and contacts?

With your permission, the nurses and doctors will keep your relatives and contacts up to date with your progress.

How long in hospital?

Usually at the most 2 or 3 days, when your bowels have opened. You may feel fit enough to leave hospital earlier than this provided there is someone to look after you.

The nurses will talk to you about your home arrangements so that a proper time for you to leave hospital can be arranged.

You will be given an appointment to visit the Out Patient Department for a check up about four to six weeks after you leave hospital.

We will arrange for a District Nurse to call on you at home as required.

You will be given dressings to use at home as needed.

Sick notes

Please ask the nurses for sick notes, certificates etc.

After you leave hospital

You are likely to feel very tired and need rests 2 to 3 times a day for a week or more. You will gradually improve so that by the time a month has passed you will be able to return completely to your usual level of activity.

It will take a month before your back passage feels normal again.

Driving

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 10 days.

What about sex?

You can restart sexual activities within a week or two, when the wound is comfortable enough.

Work

You should be able to return to a light job after about 1 week, and any heavy job within 2 weeks.

Complications

Complications are rare and seldom serious.

If you think that all is not well, please ask the nurses or doctors.

The wound is always a bit moist for a week or two. There is likely to be a discharge of yellow matter and even some dark blood on the dressings during this time.

Opening your bowels becomes rapidly easier particularly if you take a laxative. **DO NOT** however take bran or a high fibre diet until the back passage is pain-free in case you end up with a blockage.

Occasionally after 7 to 10 days there is more bleeding. Contact your doctor straight away.

Occasionally you may notice difficulty controlling the wind through your back passage. This improves after a day or two.

The chance of the piles coming back again is less than 1 in 20.

General advice

In general the operation is much less painful and troublesome than friends and acquaintances would lead you to believe. It will be, however, a month before the wound settles down.

If you have any problems or queries, please ask the nurses or doctors.

Have you any comments?

We welcome your comments and suggestions covering your illness, your treatment in hospital, and your recovery. Please write below any points you would like to make. If you prefer, you need not give your name.

Full name:

Hospital:

Ward:

Date of stay in hospital:

Operation:

Out patients department:

Your admission arrangements:

Your welcome on the ward:

Nursing staff:

General ward atmosphere:

Medical staff:

Ward orderlies:

Portering staff:

X-ray staff:

ECG staff:

Did you know who was who?:

Bedding:

Food and drink:

Privacy:

Locker space:

Toilets:

Bathrooms:

Other patients:

Noise:

Information:

Telephone/TV/radio/newspapers:

Timing of operation:

Preparations for your operation:

Going into the theatre:

In the operating theatre:

In the recovery room:

Coming back from theatre:

Intensive Care ward:	Recovery on the ward:
Pain control:	Sleeping:
Wound dressings:	Stitches, clips:
Progress reports:	Visiting hours:
Rest room:	Tablets, medicines, injections:
Going-home arrangements:	Out-patient follow up:
Anything else?	

Continue comments overleaf if you wish.

Please send this questionnaire to Mr M G Brown, MD FRCS, Consultant General & Vascular Surgeon, Causeway Hospital, 4 Newbridge Road, Coleraine. BT52 1HS