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## **OPEN HAEMORRHOIDECTOMY (PILE OPERATION)**

This guide is designed to provide you with background information to your operation. It aims to answer common questions and to be readily available. It cannot cover every aspect of your individual operation and may not deal with some areas that are of particular concern to you. These can be dealt with individually but we recommend that you note down on paper any questions that you may have less you forget them.

### **Pre-operative preparation.**

You should make a special effort to ensure your stools are soft for the week prior to surgery. A laxative such as Lactulose or husk may be helpful. However, you must not get diarrhoea. You should drink at least 1.5 litres of fluid a day.

### **What is involved?**

There are two options. The first option is the traditional open haemorrhoidectomy. This advice sheet describes open haemorrhoidectomy. In this operation small cuts will be made around the anus and the neck of the pile is tied or burnt off. The skin is left open but there may be a gauze or wax dressing over the wound. The second option is a stapled haemorrhoidectomy. A separate advice sheet on stapled haemorrhoidectomy is available.

### **Pain relief.**

Proper pain relief is very important for both holistic and physiological reasons. Your post-operative recovery will be slower if you do not have adequate pain relief. Patients often have an understandable reluctance to take pain relieving drugs. This is a mistake and may increase post-operative complications. The principal that underlies all methods of pain relief is that the drugs work best if you anticipate the pain. A small quantity of the drug taken regularly (even if pain free at that time) will work better than waiting for the pain to occur and then taking a larger dose.

Open haemorrhoidectomy has a reputation for being painful, particularly when the bowels are opened the first few times after the operation. After the operation you may require an injection to provide you with pain relief, but after that adequate pain relief can normally be achieved by oral medication. Regular panadol, regardless of whether you have pain or not, should be used to provide back ground pain relief for a week after your open haemorrhoidectomy. Many patients require nothing other than panadol after five to seven days, and almost all patients have stopped pain killers by ten days.

Additional, stronger pain killers and/or anti-inflammatory drugs, can be taken on top of the panadol for break through pain. Many stronger pain relieving drug contain codeine and this will tend to make the stool hard. You will need to take a laxative such as lactulose and drink plenty of water to counteract this. Start this prior to the surgery (as above). Anti-inflammatory drugs can irritate the stomach and should be taken with food. Normally they can be stopped after seven days.

It is recommended that you take the pain killers until you have opened your bowels several times and it feels comfortable. A warm bath is an effective way of reducing the pain and

you may find a warm bath several times a day helpful. Do not put salt in the bath as this will dry the skin and may burn any open area.

### **Day one.**

You are encouraged to be mobile as soon as you have recovered from the anaesthetic. It is now possible to go home immediately after the operation or the next day, but you must have somebody at home when you open your bowels for the first time.

### **Dressing and stitches.**

There may be a soft dressing around the anus. This can be gently pulled off the first day when you are in the bath. Any stitches will dissolve.

### **At home.**

You are encouraged to be as active as possible. There may be some bleeding with your bowel motion for up to one week. Occasionally there is a brisk, larger bleed at ten days. If this occurs you should call your General Practitioner.

### **Return to work and normal activities.**

There is no fixed period that has to elapse before you can resume normal activities. You should be guided by your pain. Few patients will feel like returning to work within one week, but almost all will have resumed full activities by four weeks. You can resume sexual activity when you feel comfortable. For medico-legal reasons you should not drive a vehicle for at least seven days.

### **Large, circumferential haemorrhoids.**

Some patients present with large, circumferential haemorrhoids. These sometimes require two operations. When the haemorrhoids are excised the surgical site heals by inward growth from the mucosa that is left between each raw area. If these mucosal bridges are not preserved there will be a circumferential wound round the anus. This may heal with a resulting anal stenosis. This is a difficult problem to manage and may require a plastic procedure to correct it. It is better to avoid an anal stenosis rather than to have to correct it later. This may require a conservative approach at the first operation and if there are still residual anal tags they can be excised at a second, more minor operation.

### **What can go wrong?**

In surgical terms this is a minor operation. Although major surgical complications are a rare event other complications are possible, as after any surgical procedure. These include drug reactions, post-operative bleeding, deep vein thrombosis, heart and lung complications and wound infections. This list is not exhaustive and if you have any concerns about the possible side-effects or complications you should ask about them before you sign the consent form.

There are some specific complications. Some patients (1 in 50) develop a persistent fissure. Normally this settles over three to six months. It sometimes requires an examination under anaesthesia, and in some patients a lateral sphincterotomy is required. A separate advice sheet on anal fissure is available. Occasionally (less than 1 in 200), patients can develop an anal stenosis secondary to the scarring that occurs with healing. This may require a second, plastic operation to correct.