

# Treating haemorrhoids (piles) with surgery

## Information for patients, relatives and carers

### Introduction

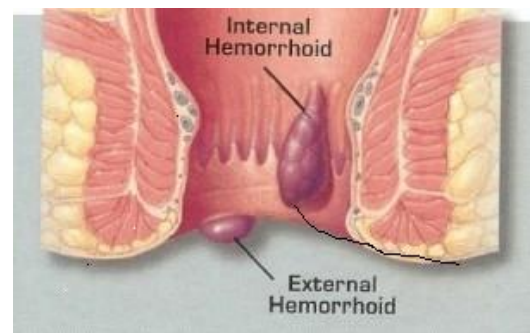
This leaflet is designed to give you information about treating haemorrhoids with surgery. We hope it will answer some of the questions that you, or those who care for you, may have. It is not meant to replace the consultation between you and your doctor but aims to help you understand more about what is discussed.

You have been diagnosed with haemorrhoids (piles) and have been recommended surgery. Surgery for haemorrhoids is often only for those who have not been successfully treated with the conventional treatments, such as change in diet, banding or injection, or if your haemorrhoids are large and are causing you persistent prolapse (the haemorrhoids push down through the anus), pain and bleeding.

### What are haemorrhoids?

The inner lining of the back passage (anus) is made up of cushions of tissue with a rich blood supply. The anus helps seal the anal canal (rectum) and helps us control our bowel. Haemorrhoids develop when the lining of the anus and the lower part of the anal canal become loose and swollen due to increased pressure on the blood supply. This may happen as a result of straining to pass stools due to constipation. Haemorrhoids may cause symptoms such as bleeding, itching, swelling, pain, discharge and/or diarrhoea.

They can be inside (internal) or they may push down through the anus like a prolapse (external) - see the diagram. As the lining gets swollen and inflamed, it can bleed, discharge and itch. The bleeding can be mild and just visible on toilet paper or heavy, which may be frightening. You may also experience discomfort, especially when opening your bowels. Itching around the back passage is common as the lining secretes mucous which irritates the skin on the outside.



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## What causes haemorrhoids?

The most common cause is constipation due to poor diet and insufficient fluid. This can lead to straining while on the toilet and/or sitting on the toilet for too long. Pregnancy can also lead to an increase in the pressure in the back passage, causing haemorrhoids or making them more of a problem. Most symptoms are experienced while opening the bowels or soon after. This happens especially if the stools are small and/or hard, but can also occur with frequent stools or diarrhoea. The other causes are lifting heavy weights and obesity. It also has a tendency to run in families.

It is unlikely that your haemorrhoids will return after surgery, but a diet high in fibre is always recommended. Please see our information leaflet on 'Treating haemorrhoids with high fibre diet and life style changes'.

## What surgical treatments are available?

### **Trans-anal haemorrhoid dearterialisation (THD)**

THD uses an ultrasound probe to identify the haemorrhoid artery. Once the artery is identified a stitch is placed to tie off the blood supply to shrink the haemorrhoids. There is minimal discomfort following this procedure so you should be able to return to work within a few days

### **Haemorrhoidectomy**

This procedure involves stretching the anal canal and trimming off the haemorrhoids. Depending on the number of haemorrhoids, these will be removed and dissolvable stitches (sutures) will be used or the wound may be left open to heal naturally. It is common to feel pain after this procedure and you will be prescribed painkillers to help you overcome this. As it takes time for the wound to heal you may need to take a week off before you return to work. This will depend on the type of work that you do. Please discuss this with your surgeon.

### **Stapled haemorrhoidectomy**

This procedure involves removing a band of tissue above the haemorrhoid, using a circular stapling device. It does not remove the haemorrhoid but it returns the loose tissue in the anal canal back to its original place. You should be able to return to work within a week of the procedure, but this will depend on the type of work that you do.

### **What are the risks associated with these procedures?**

All these operations are safe and carry very few risks. However, as with any surgical procedure, there are risks involved. There are specific risks with each type of surgery and you need to know about them so that you can discuss it with the surgeon.

- **Pain**

It is not uncommon to experience pain after this procedure, especially when you open your bowels. This should settle within one or two weeks. You will be advised to take painkillers for a few days and also be prescribed a stool softener to pass stools more easily. You may find a warm soak in a bath to be soothing. If you develop severe pain or if pain lasts longer than a few weeks, seek medical advice from your GP or phone the number below for further advice.

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- **Bleeding**

You might notice spots of blood for a few days if the healing is slow. This is common and should settle over a few days. However, on rare occasions heavy bleeding may occur. If this happens, please go to the nearest A&E department immediately.

- **Passing urine**

There is a very small chance that some may have difficulty in passing urine immediately after the operation. If this happens, a catheter (thin tube) will be placed in your bladder to drain the urine. The catheter will be removed once you can pass urine.

- **Infection**

This is rare. However, if you develop a temperature (over 38° C) and generally feel unwell, seek medical advice from your GP or phone the number below for further advice.

- **Incontinence**

This is very rare. Some patients may experience difficulty in controlling wind or stools initially, but this should settle. If it does not settle within two weeks, seek medical advice from your GP or phone the number below.

- **Anal stenosis**

This is very rare. This refers to a narrowing of the anal opening, which makes it difficult for stools to pass through easily. If this happens, contact us on the number below and we will make an appointment with your surgeon, who will advise you of further treatment.

It is not usual for the haemorrhoids to return after surgery. If you are concerned that the haemorrhoid has returned, please see your GP for advice.

## Preparing for the surgery

You will be sent an appointment to attend the pre-assessment clinic one or two weeks before the surgery. It is essential that you attend this clinic as we need to assess your fitness for surgery. It will also give you an opportunity to ask any questions. It may be helpful to write your questions down before your appointment.

At this clinic you will have some tests, such as blood, chest x-ray and heart tracing (ECG), depending on your general health. This is to make sure you are fit for surgery. Please bring all your medications to this appointment.

## Is there anything I should do to prepare for my operation?

- If you are taking blood thinning medications (such as warfarin, clopidogrel (plavix) or aspirin), we will ask you to stop taking them several days before your operation. Please discuss this with your medical team
- If you are allergic to medication or have any other allergies such as to latex, please let us know before the operation
- Unless you have been told otherwise, you will be able to take all your usual medication as normal with a sip of water on the morning of surgery

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- Please bring your nightwear, dressing gown, slippers and toiletries with you, but do not bring any jewellery or valuables when you come into hospital

## Eating and drinking before surgery

Please do not eat for six hours before surgery. However, you can have water for up to three hours before your operation.

## Consent

You will be asked for your consent before the hospital staff begin your treatment. Your doctor will carefully explain the procedure involved, although details will vary according to each individual case. No medical treatment can be given without your written consent.

If you do not understand what you have been told, let the staff know straight away, so they can explain again. You may also find it useful to write a list of questions before your appointment and to have a relative or friend with you to help you remember the discussion when the treatment is explained. All clinical communications copied to your GP will be sent to you.

## What happens before the surgery?

You will be admitted on the day of surgery. You will then be escorted to theatre, where your details will be checked by the theatre staff.

## What happens after the operation?

You will wake up in the recovery room and may have an oxygen mask to help you breathe. A nurse will check your blood pressure and pulse regularly until they are stable. You will then be taken to a ward.

When you are well enough you will be offered a cup of tea and a sandwich. You may experience some discomfort at the operation site and we will give you some painkillers to make you comfortable.

We will encourage you to get up and walk (with assistance if needed) within a few hours after the operation. You may feel light-headed or sleepy. This is normal and is due to anaesthetic, and your condition will soon improve. Moving around as soon as possible after your operation is important to prevent clots and chest infections after your general anaesthetic. This will also help us to assess your fitness to go home.

## Going home

Make sure you have someone to accompany you when you leave hospital. You will be given some painkillers and other relevant medication to take home.

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## Is there anything I need to avoid?

As you may still be under the effects of the general anaesthetic, for the next 24 hours you must not:

- Drive a car, motorbike or bicycle
- Operate machinery (including kitchen equipment)
- Drink alcohol or take any sedatives such as sleeping tablets
- Make any important decisions or sign any legal documents
- Participate in sports or do any heavy work or lifting
- Travel alone on public transport

## After care

To help prevent infection, wash the area twice a day to keep it clean and help healing. You should be able to pass stools in the next two or three days. If you are prescribed medication to soften your stools, make sure you take it. You may eat and drink normally and drink at least 10 cups (2 litres) of fluid a day. You might notice a small amount of bleeding for the first few days, but this should settle. Some people may experience difficulty controlling wind, but this should also settle after a few weeks. Provided you feel comfortable and confident, you may resume work.

Depending on the surgery, some people may have a small dressing in the wound which will either fall off naturally or next time you open your bowel. Remember that the sutures (stitches) are dissolvable so you don't need to worry about them.

## When should I contact the GP or seek advice?

You should seek advice if you experience any of the following:

- Increase in pain, redness, swelling or discharge
- Not passing stools for three days, despite taking laxatives
- Difficulty in passing urine
- High temperature (over 38° C) or having chills
- Nausea or vomiting

## Will I need to visit the hospital again?

You will either receive an appointment before you leave hospital, or this will be sent to you, to attend the outpatient clinic six to eight weeks after your operation. If not, you will be referred back to the care of your GP.

**Please do not hesitate to contact us if you have any questions or concerns** between 09.00 and 17.00, Monday to Friday (excluding bank holidays), on one of the following numbers:

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- 020 8962 4242 - St Charles Hospital
  - 020 3312 6560 - St Mary's Hospital
  - 020 3313 0860 - Charing Cross Hospital

If the colorectal services administrator is not available to answer the phone (Charing Cross and St Mary's hospitals), please leave a message on the voicemail, and he/she will aim to return your call within 24 hours. Calls received after 13.00 will be returned on the following day. Call received on Fridays will be returned the following Monday.

- **Charing Cross Hospital**  
Riverside Day Surgery Unit      020 3311 1460  
Riverside Ward Reception      020 3313 8887/9

If you need advice outside of these hours, please contact your GP or phone NHS Direct on 0845 46 47.

## How do I make a comment about my treatment?

We aim to provide the best possible service and staff will be happy to answer any questions you may have. If you were pleased with your care and want to write to let us know we would appreciate your time in doing so. However, if your experience of our services does not meet your expectations and you would like to speak to someone other than staff caring for you, please contact the patient advice and liaison service (PALS) on 020 3313 3322 for Charing Cross, Hammersmith, and Queen Charlotte's and Chelsea Hospitals or 020 3312 7777 for St Mary's and Western Eye Hospitals. You can also email PALS at [pals@imperial.nhs.uk](mailto:pals@imperial.nhs.uk). The PALS team will listen to your concerns, suggestions or queries and are often able to solve problems on behalf of patients.

Alternatively, you may wish to express your concerns in writing to:

The chief executive  
Imperial College Healthcare NHS Trust  
Trust Headquarters  
The Bays, South Wharf Road  
London W2 1NY

## Alternative formats

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications directorate on 020 3312 5592.

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