Haemorrhoids and Haemorrhoid Surgery

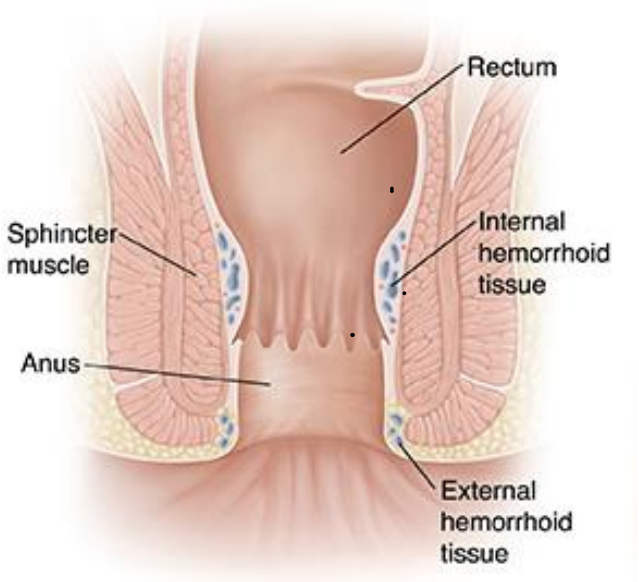
Colorectal Unit
Wits Donald Gordon Medical Centre

WHAT ARE HAEMORRHOIDS?

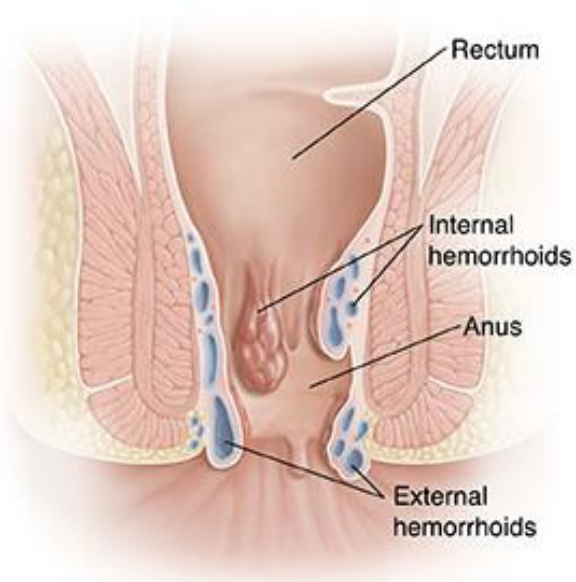
Haemorrhoids (piles) are large bulging blood vessels in and around the anus. These vessels, or vascular cushions, are part of the normal anal anatomy. The haemorrhoids cause problems when they become swollen or engorged or if they slide down from their normal position and present as lumps outside the anus (prolapse). The exact cause of symptomatic haemorrhoids is unknown. The upright posture of humans makes us more prone to them than animals that walk on all fours. Other factors that can lead to an increased pressure in the vascular cushions and can contribute to haemorrhoids includes:

- Pregnancy and childbirth
- Constipation and straining
- Overuse of laxatives
- Ageing
- Increased anal tone usually due to stress

Haemorrhoidal symptoms are very common and over 50% of the population will have them at some time in their life.



Normal Anal Wall



Internal/External Heamorrhoids

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WHAT ARE THE SYMPTOMS OF HAEMORRHOIDS?

Patients have variable symptoms that may include:

- **Bright red rectal bleeding** – This is usually after passing stool and may vary from a smear of blood on the toilet paper to profuse bleeding into the toilet bowl
- **A swelling protruding** from the anus (prolapse). These lumps are felt at the opening of the anus after passing stool. They may reduce themselves spontanously or require you to manually push them back into the anal canal
- **Itching** around the anus with associated soreness and a possible mucous rectal discharge
- **Pain** – this usually signifies that the haemorrhoids are engorged or thrombosed (prolapsed or clotted)

WHY SHOULD YOU HAVE HAEMORRHOID SURGERY

If your symptoms are severe and have not resolved with conservative therapies then you may benefit from surgery.

HOW DO YOU DIAGNOSIS HAEMORRHOIDS?

You will have been seen by your surgeon in their rooms. They would have taken a history and examined you. They may have inserted a finger or a small metal tube (proctoscope or sigmoidoscope) into your anus to assess the haemorrhoids fully.
Depending on your age and other symptoms you may be referred for a colonoscope to review the lining of your large bowel or colon. Your surgeon may be able to band (place small elastics over the haemorrhoid) your haemorrhoids at the same time when doing the endoscopy.

WHAT CONSERVATIVE TREATMENT IS THERE FOR HAEMORRHOIDS?

The first steps in the management of haemorrhoids is to try and reverse the aggravating factors. Often this involves increasing the amount of fibre and fluid in the diet to keep the stools softer and minimize straining. Avoiding painkillers that can cause constipation (like codeine) is also helpful. Stool softeners, such as Movicol, may be necessary in some cases. Increasing the amount of exercise done is also important. If symptoms are still problematic after these simple measures have been taken, it is possible that further treatment may be beneficial.

Medical treatment involves the application of topical ISMO mixed with a local anaesthetic gel applied on and slightly inside the anus. This treatment allows the sphincter muscle to relax and the blood to drain out of the haemorrhoid. This treatment is very safe and usually used for 1-3 months and then intermittently later as needed.

WHAT SURGICAL OPTIONS ARE THERE FOR HAEMORRHOIDS?

Surgical treatment of haemorrhoids is tailored to the individual's symptoms, needs and the anatomy of the haemorrhoids. There are various surgical techniques available, many of which have been developed in the last 10-15 years. These procedures are less painful than the more traditional surgical treatments and can allow for an earlier return to normal function.

BANDING

This procedure can be performed in rooms or as a day case (no overnight stay) with conscious sedation. Rubber band ligation of haemorrhoids is suitable for smaller internal haemorrhoids or those that spontaneously reduce. A small rubber band is placed over the haemorrhoids, cutting off the blood supply. The band and the shrunken haemorrhoid falls off a few days later leaving a small scar at its base.
The procedure may cause slight discomfort and give you the sensation of urgency (feeling as if you need to pass stool) for a few days. Patients should also expect some bleeding up to 5-7 days post procedure.

Banding may need to be repeated a few times for the full effect to be achieved and complete resolution of symptoms.

HALO (HAEMORRHOIDAL ARTERY LIGATION OPERATION) OR THD (TRANS ANAL HAEMORRHOIDAL DEARTERIALISATION)

This operation requires a general anaesthetic and is usually performed as a day case procedure i.e. no overnight stay. A miniature ultrasound device is used to locate the arteries supplying the haemorrhoids inside your anus as they come down the rectum under the bowel lining. Once these blood vessels have been located sutures are placed to tie them off and as such cut off the blood supply to the haemorrhoids and as such decreasing the bleeding. Over the next few days to weeks, the haemorrhoids will shrink away and the symptoms should resolve. This procedure is especially good for patients with significant bleeding from their internal haemorrhoids or those who have symptoms that recur after banding.
For patients with elements of prolapse, the HALO procedure can be combined with the THD. It involves stitching up the prolapsing pile internally at different points within the anus thereby maintaining the pile within the anal canal and preventing it from prolapsing out of the anus.

STAPLED HAEMORRHOIDOPEXY

The stapled haemorrhoidopexy is also known as a PPH (Procedure for Prolapsed Haemorrhoids) and is offered to patients with larger haemorrhoids where prolapse is more significant. This technique uses a specially designed device to internally staple and excise haemorrhoids. The circular stapling device essentially "lifts up", or repositions the prolapsing mucosa (lining of the bowel), and reduces blood flow to the internal haemorrhoids. These internal haemorrhoids then typically shrink over the following weeks. This technique has a short recovery time with less pain than the traditional open haemorrhoidectomy. A general anesthetic is required and it is usually performed as a day case procedure.

Please note that due to the massive complications that could occur following a PPH, the WDGMC CRU does not routinely offer this procedure.

OPEN HAEMORRHOIDECTOMY

Open haemorrhoidectomy is a surgical procedure that involves cutting out the internal and the external components o the haemorrhoids. The wounds are usually left open and heal naturally over the following weeks. This procedure usually has a longer recovery period and causes more pain than the newer techniques mentioned above. It is usually only performed if the other treatments have failed or the external prolapse of the haemorrhoids are large.

YOUR ANAESTHETIC

This procedure may require a general anaesthetic or conscious sedation depending on the type of operation you are having. You will be seen by the anaethetist in the ward prior to your operation. They will discuss all risks and complications regarding the anaesthetic with you.

They will also discuss which drips will be placed while you are sleeping and what forms of pain control they will administer before and during the anaesthetic. If you have had any issues with previous anesthetics please let them know.

THE DAY OF YOUR SURGERY

Upon arrival into hospital you will be admitted by a ward nurse who will ask you to complete some paperwork; they may also take your blood pressure, pulse and temperature.
Once you have been seen by the team involved in your care, the ward nurse will give you a special gown to wear to theatre (you will need to remove all clothing including underwear before putting on the gown).
You will not usually be required to clean your bowels or have an enema prior to the surgery. When theatre is ready, you will be taken down to theatre on a hospital trolley with a member of staff. Where upon you will be welcomed by a member of the theatre team.

WHAT HAPPENS AFTER THE PROCEDURE?

After the operation the nursing staff will closely watch you until you have recovered from the anaesthetic in the theatre recovery room. You will then be transferred back to the surgical ward where you will given something to eat and drink.
Once you are fully awake one of the colorectal unit (CRU) team members will see you and explain what was done in the surgery. They will explain how to care for yourself at home i.e. bathing and passing stool.
There may be an absorbent dressing stuck to your buttocks, you may remove this when you feel the need

to pass stool. Warm water baths are really good for pain relief. Please wash your anus with warm water after stooling, this will assist with pain control.

You will be given a script with pain medication and stool softeners and then be discharged home. Please make an appointment to see your surgeon in 2-3 weeks,. You will need to call their rooms to set this up with the receptionist.

DISCHARGE FROM HOSPITAL

As soon as you are comfortable you will be discharged from the hospital, please make sure you have someone to collect you as you will not be able to drive safely for the next 24 hours. The length of hospital stay usually depends on the type of haemorrhoidectomy you have had:

- Banding – the same day
- HALO/THD – the same day
- Stapled Haemorrhoidopexy – 1-2 days
- Open Haemorrhoidectomy – 1-2 days

Please note that these times are approximate and will vary between patients.

WHAT PROBLEMS CAN OCCUR AFTER THE OPERATION?

BLEEDING:
You may find that you bleed following the surgery, this is common, but should not be massive amounts. If you are passing massive amounts of blood which is not slowing down please contact your surgeon.

INFECTION:
There is a small risk of infection with type of surgery due to the area being operated on; this is usually treated with antibiotics. In extreme cases you may need to go to theatre for the infection to be drained.

DEEP VEIN THROMBOSIS (DVT)
Deep vein thrombosis is a possible problem, but it is uncommon. If you are at particular risk then special precautions will be taken to reduce this risk. Moving your legs and feet as soon as you can after the operation and walking early, all help to stop thrombosis from occurring.

BAND DISPLACEMENT (BANDING ONLY)
There is a risk of the bands that have been applied falling off – there are generally multiple bands applied to your haemorrhoids so this may not necessarily affect the efficacy of the operation.

URGENCY
With all haemorrhoid surgery it is common that you may get the feeling of urgency and the need to rush to pass stool, this usually settles with time.

SCARRING
You may develop some scarring from your surgery, this rarely causes any problems, in extreme cases you may develop some narrowing of your anal canal that will require surgery to correct.

ULCERS
There is a small risk of ulceration following haemorrhoidal surgery, these normally resolve on their own without any need for further treatment.

RECTAL PERFORATION
This is uncommon, however if your rectum is inadvertently perforated you will be given antibiotics, in extreme cases you will require surgery.

URINARY RETENTION
This is uncommon however does occur more frequently after a HALO/THD. It is also more common in elderly men known with prostate issues. Should this occur you will need to have a catheter placed into the bladder and will be kept overnight. You will be started on some oral medication to help the bladder to relax. This is usually temporary and following removal of the catheter you will go back to your normal urinary habits.

INCONTINENCE
There is a small risk of damage to the muscles (sphincters) that control your continence of stool or flatus (wind) resulting in fecal incontinence or flatus incontinence. This may resolve or you may require further surgery to help improve this.

WHEN DO YOU NEED TO RETURN TO THE HOSPITAL FOR A CHECKUP?

You will be seen for a post-operative follow up or review in your surgeon's rooms about 4 weeks following your surgery. Please contact the surgeon's rooms to set up this appointment following your discharge.

WHAT SHOULD YOU DO IF YOU DEVELOP PROBLEMS?

If you develop these problems post operatively please contact your surgeon's rooms to make an appointment for review. If it is out of hours then go to your local casualty. Please do not come to the Wits Donald Gordon Medical Centre out of hours as there is no casualty at this hospital and there will be no doctors on site to attend to you. Alternatively you can call the Wits Donald Gordon Medical Centre on (011) 356 6000 and ask to speak to the colorectal surgeon on call.