

Introduction

1. Haemorrhoids, also known as piles, are dilated veins in the anal mucosa.
2. The cause is unknown, but they are strongly associated with constipation, pregnancy, aging and genetic factors.
3. They usually present as rectal bleeding, pain or prolapse.
4. They can be divided into internal and external haemorrhoids.

**Internal haemorrhoids**

Located about 1-2 cm
above the anus

**External haemorrhoids**

Locate on the outer
edge of anus

5. Treatment depends on severity:
 - Early piles or piles with mild symptoms: Life style modification: high fibre diet, anal ointment and suppository / injection of sclerosant / banding.
 - Late piles or piles with severe symptoms: Conventional excision haemorrhoidectomy or stapled haemorrhoidectomy, choice depends on disease type and patient's preference.

Procedure

1. The operation is performed under regional or general anaesthesia.
2. Excision haemorrhoidectomy
 - Doctors excise the piles from the muscle underneath. The exposed wound area will then heal naturally.
3. Stapled haemorrhoidectomy
 - A specially-designed circular stapler is inserted into the rectum and used to remove a doughnut-shaped piece of tissue above the piles. This pulls the piles back into the anal canal and also reduces blood supply to piles, which shrink gradually after the procedure.

Risks**A. Anaesthesia related complications**

1. Cardiovascular: acute myocardial infarction, cerebral accidents, deep vein thrombosis, massive pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease, etc.
3. Allergic reaction and anaphylactic shock.

B. Procedure - related complications

1. Early : Pain , Bleeding , Retention of urine.
2. Late : Secondary haemorrhage , Anal fissure , Anal stricture , Anorectal abscess , Damage to anal sphincter leading to incontinence (rare) , Recurrence.

Preoperative preparation

1. Procedure can be performed as elective or emergency (as for thrombosed piles).
2. For elective haemorrhoidectomy: admit on same day / Anaesthetic assessment before procedure.
3. Keep fast 6 to 8 hours before operation / Cleansing of bowel with suppositories might be required after admission.
4. Antibiotic prophylaxis may be required before operation.

Postoperative events

A. General

1. May feel mild throat discomfort or pain because of intubation.
2. Nausea or vomiting are common; inform nurses if severe symptoms occur.
3. Resume diet when fully awake / Inform nurse if severe pain is encountered.
4. Slight oozing from the anal wound in the first 2 weeks after operation is normal.
5. Take laxative in the early post operative period.

B. Wound care: Shower bath is allowed. Doctors will instruct on wound care.

Things to take note after discharge

1. **Pain control :** Take painkiller / Warm sitz bath / Ice therapy (ice rapped in towel or plastic bag)
2. **Diet :** Take more fluids / Take high fibre diet such as vegetables, oranges, banana, etc.

Follow up

1. See the doctor as scheduled.
2. In case of severe wound pain, passage of large amount of blood, fever, etc, you should seek medical attention at the Accident and Emergency Department of a nearby hospital.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "Haemorrhoidectomy" (2020)

Smart Patient: https://www.ekg.org.hk/pilic/public/surgery_pilic/surgery_haemorrhoidectomy_0162_chi.pdf (24-07-2023)