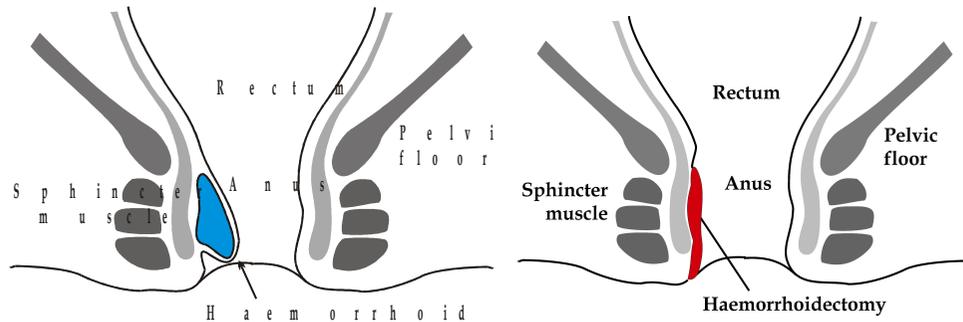


What are haemorrhoids ('piles')?

The anus (back passage) is normally lined with soft fleshy tissue which is very well supplied with blood vessels. In some cases, often because of problems with passing motions, the blood supply to the anus is increased and the amount of lining tissue is gradually increased over time. This forms what we call haemorrhoids or piles. Because of the very good blood supply, minor scratches to the lining, such as when having the bowels open, may cause bleeding or irritation from the piles. When they are very large they may prolapse down into the anus and appear as a 'lump' which needs to be pushed back in after having a bowel movement.



How does haemorrhoidectomy work?

When the piles are very large and fleshy, the only way to prevent them from prolapsing and bleeding is to remove the excess tissue which has formed. This is the operation of haemorrhoidectomy. The excess tissue is carefully lifted off the muscle lining of the anus and removed. This leaves a small raw area of skin but this heals up of its own accord over the next few days or so.

What to expect afterwards.

Immediately after the operation there may be some discomfort in the back passage and there is frequently a little bleeding from the operation area particularly after a bowel action. This is normal – do not worry.

Some people prefer to go home the same day following the operation although it is usually done under a light general anaesthetic so you will not be able to drive yourself or travel alone on public transport that day. Over the next few days, the raw area often becomes irritated and a little swollen. If this is bothersome, you may take some mild painkillers such as Paracetamol to help. It is important to keep the bowel habit regular and avoid getting constipated as this will tend to aggravate the healing area.

Potential complications of the treatment

There is often a little bit of discharge and bleeding from the anus as the area heals. Problems with persistent leakage of mucus or motions are extremely uncommon unless there have been several previous operations on the anus or the muscles are weak for another reason.

Occasionally a minor infection can occur in the raw area and need a course of antibiotics to settle it down.

When to be seen again.

There is sometimes no need to be seen routinely after surgery unless other investigations or repeated treatments are planned. If there is severe pain in the back passage or persisting or heavy bleeding, you may need to be seen for a check-up.

How to prevent the haemorrhoids recurring.

A good bowel habit is the key to preventing haemorrhoids from forming. The main 'rules' are:

1. Prevent the motions from being too hard. You can help to keep the motions soft by eating a diet high in fibre, drinking plenty of fluid with meals and, if necessary, taking mild laxatives such as lactulose or fybogel from the chemist.
2. Try not to strain when passing motions. Go to the toilet when you feel the urge. Different people have different numbers of bowel action in a day. Don't try and strain to have a bowel action unless you feel the urge to and don't try too hard to 'push out every little bit'!
3. Don't spend too long on the toilet. When sitting down, the weight of the body pushes down into the pelvis and will cause the lining of the back passage to swell. Aim to spend around 5 minutes sitting down when having a bowel action.

Cheltenham



Colorectal

Haemorrhoidectomy for Piles

Patient Information

Mr Neil R Borley

Consultant Colorectal Surgeon

Imperial Medical Group
Cheltenham Nuffield Hospital
Hatherley Lane
Cheltenham, GL51 6SY
01242 246526

www.cheltenham-colorectal.org.uk