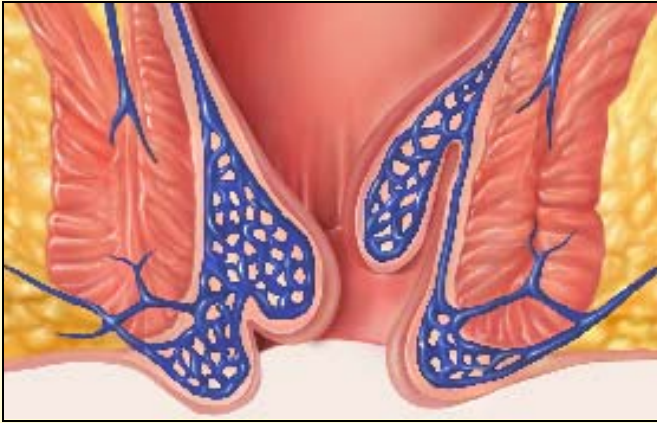


# Patient Education Program

## What You Should Know About Hemorrhoid Surgery



**HEMORRHOIDS** are a normal part of the anatomy. We are born with them. In fact, we have two sets; internal and external. The external hemorrhoids tend to hurt. The internal hemorrhoids tend to bleed, soil, itch, ache, and can 'block' a bowel movement from passing.

Initial treatment may involve the following:

1. Developing a regular, easy bowel movement:
  - Fiber supplements (e.g. Metamucil, Citrucel, etc.) are recommended.
  - Use Tucks or Non-Alcoholic baby wipes to clean.
2. Shrink the Hemorrhoids:
  - Cortisone cream or suppositories are used to shrink the hemorrhoids.
3. Relieve the Pain:
  - Warm compresses are offered for severe cases. Take a washcloth, dip it in warm water, and then wring it out so that is damp. Roll it up tightly like a cigar. Place it gently on the hemorrhoids, place a dry towel on your heating pad, and sit on this for 30 minutes at a time, \_\_\_\_\_ times/day.

It takes weeks to heal properly. During this time you may have days when it seems healed, only to have a 'bad' bowel movement and a recurrence of symptoms.

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### What is involved with Surgery?

When these measures fail, patients may decide its time to consider hemorrhoidectomy.

#### Indications for Surgery commonly include:

1. Persistent pain despite medical treatment
2. Chronic Bleeding resulting in anemia
3. Soilage or outlet obstruction.

Newer techniques including LigaSure ablation or Stapled Hemorrhoidectomy offer less pain and quicker recoveries for most patients.

Hemorrhoidectomy is done as an outpatient procedure. The advantages of surgery include relief from pain, bleeding, itching, and soilage. The biggest disadvantage is pain, as you recover.

Time off work will depend on how many hemorrhoids are involved, your pain threshold, how well you can soften the bowel movement, and what type of work you do. Most patients will need between several days to several weeks to recover.

The complications of hemorrhoid surgery include, but are not limited to:

- Trouble Urinating: Patients may have trouble urinating immediately after the operation, requiring a temporary catheter to drain the bladder.
- Bleeding: Everyone sees a teaspoon or tablespoon of blood now and then, but if a larger blood vessel is torn open, the bleeding can be *heavy*. Apply pressure and go immediately to the ER.
- Anus heals too tight: Occasionally the anus heals 'too tight', or the wounds are slow to heal, requiring further surgery.
- Infection: Rarely, infection can develop requiring hospitalization, antibiotics, and further surgery.

Your post-op instructions will help you heal safely.

Return for exam in \_\_\_\_ weeks

- Re-evaluation
- Colonoscopy

- Flexible Sigmoidoscopy
- Follow-up only if symptoms persist

This fact sheet is for use by physicians only and is not intended to be a substitute for professional medical advice, diagnosis or treatment. All specific medical questions or concerns should be presented to your own healthcare provider.