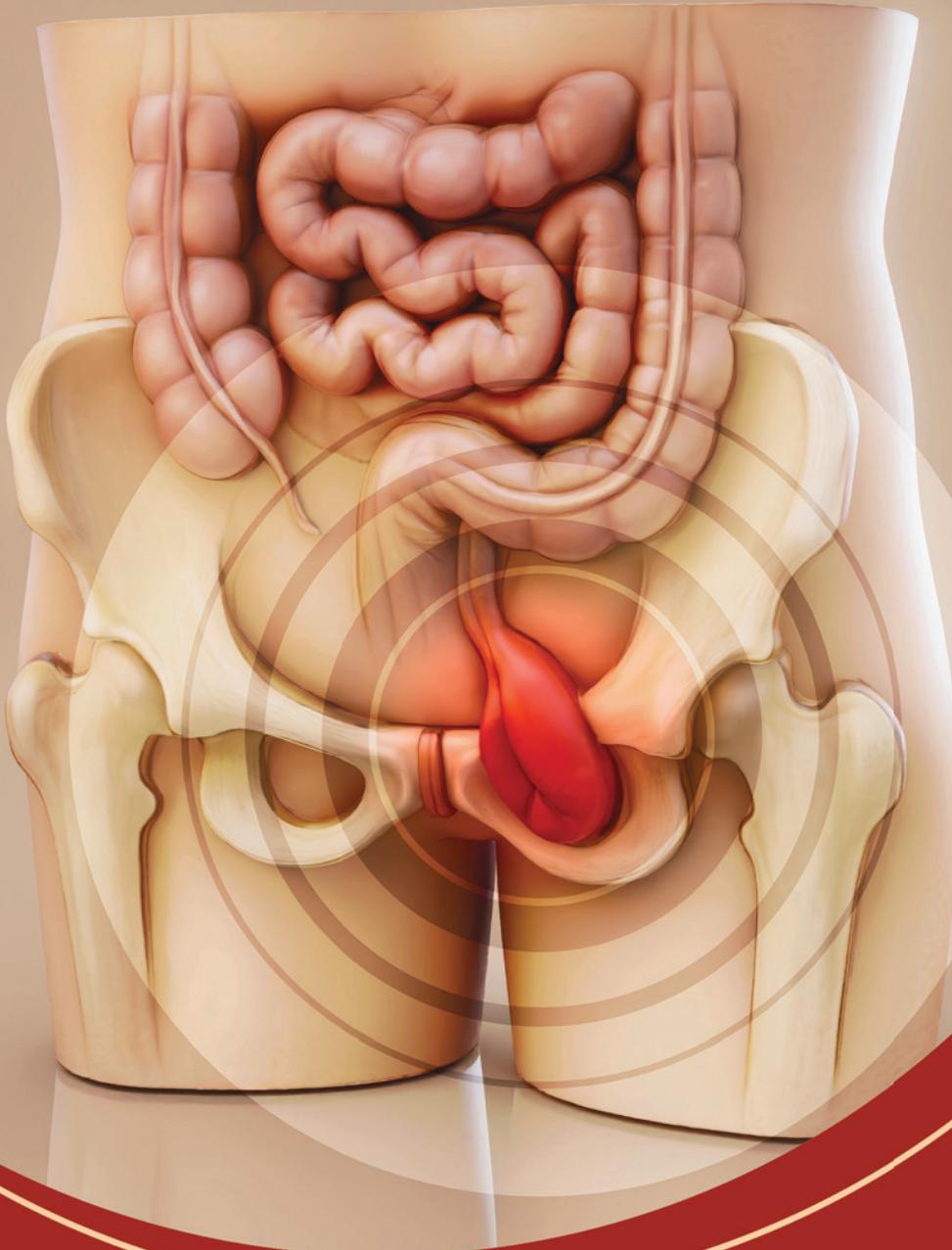


Patient FAQs

Haemorrhoidectomy



TREE TOP
HOSPITAL

This booklet answers the most common questions about haemorrhoidectomy surgery. It's designed to help you understand the procedure, preparation, risks, recovery, and when to seek help.

1 What Are Haemorrhoids & When Is Surgery Needed?



Haemorrhoids are swollen veins in the lining of the anus or lower rectum that can cause pain, bleeding, itching, or prolapse.

Surgery is considered when:

- Symptoms persist despite conservative treatments (diet, creams, sitz baths)
- Haemorrhoids prolapse beyond the anal verge and cannot be manually reduced
- There is significant bleeding leading to anaemia or thrombus formation (clot)
- Other interventions (rubber band ligation, sclerotherapy) have failed

2 What Is Haemorrhoidectomy?

A haemorrhoidectomy is a surgical procedure to remove one or more problematic haemorrhoids. **Key points:**

- Performed under general, spinal, or local anesthesia
- Diseased tissue is excised with a scalpel, cautery, or advanced device
- Wounds may be closed (sutured) or left open to heal by secondary intention

3 Why Is Surgery Recommended?

Surgical removal offers:

- Definitive treatment with a **>95% success rate** for severe or recurrent haemorrhoids
- Relief from pain, bleeding, and discomfort when other methods fail
- Prevention of complications such as strangulation or thrombosis
- Improved quality of life and reduced need for repeat office-based procedures



4 How Do I Prepare for Surgery?



1. Medical Evaluation

- Blood tests (complete blood count, coagulation profile)
- ECG if you have cardiac risk factors
- Anesthesia assessment



2. Medication Management

- Stop anticoagulants (e.g., aspirin, warfarin) as directed
- Continue essential medications with small sips of water



3. Bowel Preparation

- A clear-liquid diet the day before surgery
- Laxatives or enemas may be prescribed



4. Logistics

- Arrange transport home and support for the first 24 hours
- Pack loose, comfortable clothing and personal items

5 What Happens on the Day of Surgery?



- **Arrive at the hospital** or surgical centre 1–2 hours before your appointment.



- **Change into a gown;** an IV line is placed for fluids and medications.



- **Meet your anesthetist;** you will be asleep or numbed during the procedure.



- **Post-op monitoring** in the recovery unit until you are stable and alert

6 Surgical Technique Overview

Step	Open Haemorrhoidectomy	Closed Haemorrhoidectomy
Incision	Excision and wound left open	Excision and wound sutured closed
Healing	By secondary intention (slower)	Primary intention (faster)
Pain and Recovery	Typically more discomfort	Slightly less postoperative pain
Infection Risk	Slightly lower	Slightly higher

Additional techniques:

- **Electrothermal (diathermy):** uses heat to cut and seal.
- **Stapled haemorrhoidopexy:** lifts and staples prolapsed tissue (faster recovery, but higher recurrence risk)

7 What Are the Risks and Complications?



Common Risks

- Pain and anal spasm
- Bleeding in the first 1–2 weeks
- Infection at the surgical site
- Urinary retention due to pain



Less Common Complications:

- Anal stenosis (narrowing) from scarring
- Fecal incontinence from sphincter injury
- Persistent itching or discharge
- Recurrence of haemorrhoids (rare)

8 What Is the Recovery Process?

Hospital Stay

Often same-day discharge; some may stay overnight

Pain Management

Regular oral analgesics; topical creams or sitz baths

Wound Care

Keep the area clean; change pads frequently

Activity

Gentle walking encouraged; avoid heavy lifting for 4–6 weeks

Follow-Up

Clinic visit at 1–2 weeks to assess healing and remove any sutures

9 Home Care Tips and Pain Relief

- Take prescribed painkillers on schedule, even if pain is mild
- Soak in a warm sitz bath 3–4 times daily for 10–15 minutes
- Apply cold packs wrapped in a towel to reduce swelling
- Wear loose cotton underwear and avoid tight clothing
- Practice pelvic floor relaxation exercises to ease spasm



10 Diet and Bowel Regimen

First Days

Clear liquids, then progress to soft, high-fiber foods

Hydration

Aim for ≥ 2 litres of water per day

Stool Softeners

Use as prescribed to prevent straining

Fiber Supplements

Psyllium or methylcellulose can help maintain regularity

Avoid

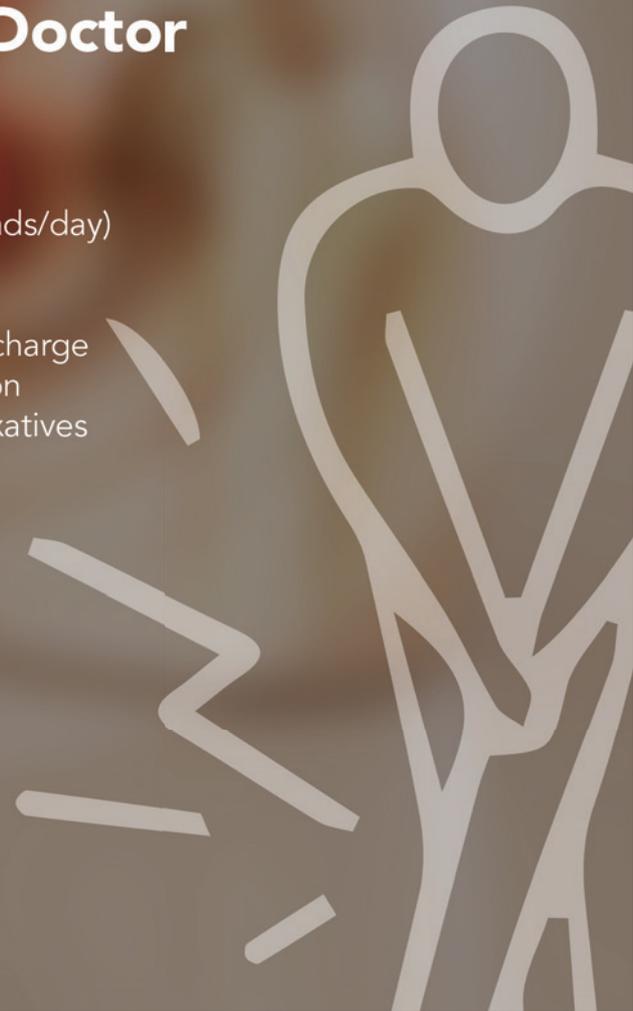
Spicy foods, caffeine, and alcohol until healing advances



11 When to Contact Your Doctor

Seek medical attention for:

- Heavy or persistent bleeding (soaking > 2 pads/day)
- Fever $> 38.5^{\circ}\text{C}$ or chills
- Severe pain unrelieved by medications
- Signs of infection: redness, swelling, foul discharge
- Difficulty urinating or signs of urinary retention
- No bowel movement after 3 days despite laxatives



12 Alternative Treatments

Less invasive options include:

- Rubber band ligation for internal haemorrhoids
- Sclerotherapy (chemical injection)
- Infrared coagulation or laser therapy
- Conservative management with diet, topical agents, and lifestyle changes

Discuss the suitability of each option with your surgeon before deciding on surgery.

13 Quick Reference Table

Topic	Key Points
Indications	Recurrent prolapse, bleeding, pain
Anaesthesia	General, spinal, or local
Procedure	Duration 30–60 minutes
Hospital Stay	Same day or overnight
Full Recovery	4–6 weeks
Pain Management	Oral analgesics, sitz baths
Return to Work/Exercise	Light work in 1–2 weeks; avoid heavy lifting until 6 weeks
Warning Signs	Excessive bleeding, fever, infection signs

14 Next Steps

1. Review these FAQs with your surgeon and nursing team.
2. Complete all preoperative tests and follow preparation instructions.
3. Arrange home support and prepare a recovery area with needed supplies.
4. Keep emergency contact numbers and follow-up appointments handy.

For further questions or to schedule a consultation, please contact the Surgical Day-Care Unit at **351610** or care@treetophospital.com.

We're here to support you every step of the way.



33510610
care@treetophospital.com
Tree Top Hospital, 10608, Dhum'buri Magu, 23000