Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:
Case No.	:	
Name	:	
DOB	:	M / F
Adm Date	:	
Contact No.	:	

Procedure Information Sheet – Haemorrhoidectomy (Conventional/Stapled)

1. Introduction

1.1. Haemorrhoidectomy is a surgical procedure to remove haemorroids. Haemorroids are dilated vascular tissue in the anal mucosa, also known as piles. The exact cause is unknown, but they are strongly associated with constipation, pregnancy, aging and genetic factors. They usually present as rectal bleeding, pain or prolapse.

1.2. Haemorroids can be divided into internal and external haemorrhoids. Choice of treatment depends on the severity of disease.

1.2.1. Early piles or piles with mild symptoms:

- Life style modification; for example, high fibre diet
- Anal ointment and suppository
- Injection of sclerosant
- Banding treatment

1.2.2. Late piles or piles with severe symptoms:

- Conventional excision haemorrhoidectomy
- Stapled haemorrhoidectomy

2. Procedural Preparation

2.1. A written consent is required.

2.2. Inform your doctors about your drug allergy, current medications or other medical conditions for pre-operative assessment.

2.3. Cleansing of bowel with suppositories might be required after admission.

2.4. Fast for 6 to 8 hours before the operation.

2.5. Change operation gown and empty bladder before heading to operating theater.

2.6. Pre-medications, intravenous drip, or antibiotic prophylaxis maybe required according to doctor's prescription.

2.7. Perform tests including blood tests or chest x-ray, etc. as suggested by the doctor.

3. Procedure

3.1. The operation is performed under regional or general anaesthesia.

3.1.1. Excision haemorrhoidectomy: Doctors excise the piles from the muscle underneath. The exposed wound area will then heal naturally.

3.1.2. 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.

4. Recovery Phase

4.1. After operation, you may feel mild throat discomfort or pain because of intubation.

4.2. Nausea or vomiting are common; inform nurses if severe symptoms occur.

4.3. Resume diet when fully awake.

4.4. Inform nurses if severe pain is encountered.

4.5. Slight oozing from the anal wound in the first 2 weeks after operation is normal.

4.6. Take laxative in the early post-operative period.

4.7 Shower bath is allowed. Doctors will instruct patients how to take care of the wound.

5. Possible Risks and Complications

5.1. Anaesthesia related complications

5.1.1. Cardiovascular complications: acute myocardial infarction, cerebral accidents, deep vein thrombosis, massive pulmonary embolism, etc.

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5.1.2. Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease, etc.
5.1.3. Allergic reaction and anaphylactic shock

5.2. Procedure-related complications
5.2.1. Early
- Pain
- Bleeding
- Retention of urine

5.2.2. Late
- Secondary haemorrhage
- Anal fissure
- Anal stricture
- Anorectal abscess
- Damage to anal sphincter leading to incontinence (rare)
- Recurrence of symptoms may occur after surgery in the long run

6. Discharge Education

6.1. Contact your doctor or attend Accident and Emergency Department if you have:
6.1.1. Severe or continuous wound pain
6.1.2. Passage of large amount of blood
6.1.3. Fever more than 38oC and rigor

6.2. Pain control
6.2.1. Take the analgesics as prescribed by your doctor if necessary.
6.2.2. Other pain relief methods
- Warm sitz bath
- Ice therapy – use towel or plastic bag to wrap the ice

6.3. Take more fluids and high fibre diet such as vegetables, oranges, banana, etc.
6.4. Attend the follow-up visit in your doctor clinic.

7. Remark

7.1. The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

8. Reference

8.1. Hospital Authority. Smart Patient Website: Haemorrhoidectomy.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____