

Haemorrhoidectomy (痔瘡手術)

Introduction

- Haemorrhoids, also known as piles, are dilated vascular tissue in the anal mucosa.
- 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.
- They can be divided into internal and external haemorrhoids.



Located about 1-2 cm
above the anus

Internal haemorrhoids



Locate on the outer
edge of anus

External haemorrhoids

- Doctors treat differently according to the severity of disease.
 - Early piles or piles with mild symptoms :
 - Life style modification; for example, high fibre diet
 - Anal ointment and suppository
 - Injection of sclerosant
 - Banding treatment
 - Late piles or piles with severe symptoms :
 - Conventional excision haemorrhoidectomy
 - Stapled haemorrhoidectomy

(Choice between excision and stapled haemorrhoidectomy 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

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

2. Procedure - related complications

Excision haemorrhoidectomy

- Early
 - Pain
 - Bleeding
 - Retention of urine
- Late
 - Secondary haemorrhage
 - Anal fissure
 - Anal stricture
 - Anorectal abscess
 - Damage to anal sphincter leading to incontinence (rare)
 - Recurrence of symptoms may occurs after surgery in the long run

Stapled haemorrhoidectomy

- Early
 - Pain
 - Bleeding
 - Retention of urine
 - Bowel perforation
 - Fistula formation

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

Preoperative preparation

1. Procedure can be performed as elective or emergency depending on the indication e.g. emergency for thrombosed piles
2. Admit on same day for elective haemorrhoidectomy
3. Anaesthetic assessment before procedure
4. Keep fast 6 to 8 hours before operation
5. Cleansing of bowel with suppositories might be required after admission
6. Antibiotic prophylaxis may be required before operation

Postoperative events

Usually after operation

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
4. Inform nurses if severe pain is encountered
5. Slight oozing from the anal wound in the first 2 weeks after operation is normal
6. Take laxative in the early post operative period

Wound care

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

Things to take note on discharge

Pain control

1. Take painkiller according to medical advice
2. Other pain relief methods
 - Warm sitz bath
 - Ice therapy – use towel or plastic bag to wrap the ice

Diet

1. Take more fluids
2. Take high fibre diet such as vegetables, oranges, banana, etc.

Follow up

1. See the doctor as scheduled
2. In case there are any serious conditions such as 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.