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HAEMORRHOIDECTOMY

What is a haemorrhoidectomy?

A haemorrhoidectomy is when the haemorrhoid is surgically removed. There are several ways of doing this (scalpel, diathermy current, staplers etc.) but essentially the outcome is the same: the haemorrhoid is removed. It is much more painful than rubber band ligation but is the only way to deal with external or prolapsed internal haemorrhoids. It is a very common operation.

When is it necessary?

A haemorrhoidectomy is necessary for external haemorrhoids and recurrent or large internal haemorrhoids.

Am I asleep?

The procedure is *always* performed under general anaesthesia.

Is it painful?

Yes. You will need strong painkillers for up to 2 weeks.

What happens after the procedure?

Most procedures are performed as a day procedure often in conjunction with a colonoscopy. You will be sent home with several medications. It is important that you take these medications. Some of the pain killers cause constipation, which will make the pain worse. You will need a regular laxative. There will be some bleeding for a few days.

Depending on whether you had a bowel preparation, your bowels will open after a few days. The first bowel motion is the most painful and then there is improvement. Warm salt water baths will be very helpful to reduce the pain and keep the area clean. You will need a pad while the wounds heal.

You will be given strong painkillers and antibiotics at discharge. You will be given instructions about wound care and contact numbers if you have any questions.

When can I return to normal activities?

You will need at least 1 week off work. Some people require longer. You will be given a certificate.

Are there any complications?

Complications are rare. There can be more pain than usual and occasionally this can be due to infection. The treatment is prolonged antibiotics. Bleeding may continue but this will almost always stop after a few days.

Longer term there may be excessive scarring causing tightness at bowel movement. Very occasionally you will need a dilator or further surgery. Sometimes the tightness is due to development of an anal fissure that requires treatment.

Patients often ask about incontinence after these procedures. The operation does not involve any incisions in the sphincter mechanism so the risk is extremely low.