

SURGERY FOR HEMORRHOIDS



Hemorrhoidectomy is surgery to remove hemorrhoids. It is done under Anesthesia. There are different procedures for hemorrhoids.

Surgery can be done with a knife (scalpel), a tool that uses electricity (cautery pencil), a Stapler or a Laser. The operation is usually done in a surgery center. You will most likely go home the same day

Indications for surgery

Hemorrhoidectomy is appropriate when you have:

- Very large internal hemorrhoids.
- Internal hemorrhoids that still cause symptoms after nonsurgical treatment.
- Large external hemorrhoids that cause significant discomfort and make it difficult to keep the anal area clean.
- Both internal and external hemorrhoids.
- Had other treatments for hemorrhoids (such as rubber band ligation) that have failed.

Open Hemorrhoidectomy is the traditional technique for Hemorrhoidal surgery. The Hemorrhoides at the primary positions are cut and removed. While this is the gold standard it is more painful.

Stapler hemorrhoidopexy uses a circular stapling device to remove hemorrhoidal tissue and close the wound. No incision is made. This surgery is called stapled hemorrhoidopexy. People who have stapled surgery may have less pain after surgery than people who have the traditional hemorrhoid surgery.

Doppler-guided hemorrhoidectomy is a procedure that uses a scope with a special probe to locate the hemorrhoidal arteries so that less tissue is removed. Some studies show that it is less painful but more long term studies are needed to compare it with other procedures.

Before surgery

Before the procedure you will be seen by the anesthesiologist to assess your fitness for surgery. You will undergo a basic blood workup before surgery. You have to come to the hospital fasting overnight. You will have to take laxatives on the day before the surgery to ease the post-operative recovery.

After surgery

Going home after surgery

- Right after the surgery, when you are still under anesthesia, you will be given a long-acting local anesthetic. It should last 6 to 12 hours to provide pain relief after surgery. If you are not going to stay overnight in the hospital after surgery, you will leave only after the anesthesia wears off and you have urinated. Inability to urinate (urinary retention) sometimes occurs because of swelling (edema) in the tissues or a spasm of the pelvic muscles.
- Someone should drive you home.

Care after surgery

Full recovery takes 2-3 weeks.

- You can expect some pain after surgery. If your doctor gave you a prescription medicine for pain, take it as prescribed. Ask your doctor what over-the-counter medicines are safe for you.
- Some bleeding is normal, especially with the first bowel movement after surgery.
- For a few days after surgery, drink liquids and eat a bland diet easily digestible diet. Then you can return to regular foods and gradually increase the amount of fiber in your diet.
- You may apply local creams to reduce pain during bowel movement.

- Frequent soaks in warm water with povidone iodine (sitz baths) help relieve pain and muscle spasms.
- Doctors recommend that you take stool softeners that contain fiber to help make your bowel movements smooth. Straining during bowel movements can cause hemorrhoids to come back.
- Follow-up exams with the surgeon usually are done 1-2 weeks after surgery to check for problems.

Long term results

Surgery usually cures a hemorrhoid. But the long-term success of hemorrhoid surgery depends a lot on how well you are able to change your daily bowel habits to avoid constipation and straining. About 5 out of 100 people have hemorrhoids come back after surgery.

Risks

Pain, bleeding, and an inability to urinate (urinary retention) are the most common side effects of hemorrhoidectomy.

Other relatively rare risks include the following:

Early problems

- Bleeding from the anal area. Few drops of blood are expected up to 1 week after the surgery. However if you have significant bleeding or you are passing clots you should contact your physician immediately.
- Collection of blood in the surgical area (hematoma)
- Inability to control the bowel or bladder (incontinence) is very rare.
- Infection of the surgical area
- Stool trapped in the anal canal (fecal impaction)

Late problems are rare.

- Narrowing (stenosis) of the anal canal
- Recurrence of hemorrhoids

What To Think About

The success of hemorrhoidectomy depends a lot on your ability to make changes in your daily bowel habits to make passing stools easier. Open hemorrhoidectomy has the best results followed by Stapler and Doppler guided procedures. However the open hemorrhoidectomy is more painful.

Surgery is not recommended for small internal hemorrhoids (unless you also have large internal hemorrhoids or internal and external hemorrhoids). Lasers are often advertised as being a less painful, faster-healing method of removing hemorrhoids. But none of these claims have been proved. Lasers are more expensive than traditional techniques. The procedure takes longer, and it may cause deep tissue injury.