

STAPLED HAEMORRHOIDECTOMY

Severe cases of prolapsed haemorrhoids normally require surgery. The usual operation for removing haemorrhoids (haemorrhoidectomy) is often accompanied by pain after surgery. Recovery can be long and difficult, and well known for the level of post operative pain patients must endure and a recovery period, which can be prolonged and difficult. This has led to the development of another procedure for prolapsed haemorrhoids.

Stapled haemorrhoidectomy is a minimally invasive operation, that uses a stapling device to remove a ring of excess tissue inside the anal canal. This pulls the haemorrhoids back into the normal position inside the body. This procedure avoids the need for wounds in the sensitive anal area and reduces the pain after surgery.

Although the haemorrhoid tissue is still present, removing the ring of tissue interrupts the blood supply to the haemorrhoids. Draining blood from the haemorrhoids is improved by the repositioning the haemorrhoids. Any external tissue that remains will shrink back over the next three to six months. Prominent skin tags may occasionally be removed at the same time, or later, if they are troublesome.

What are the benefits of stapled haemorrhoidectomy?

The benefits are:

- shorter operating time (approx. 20 - 30 mins)
- shorter anaesthetic
- shorter stay in hospital, normally an overnight stay
- less pain after surgery than conventional haemorrhoidectomy
- quicker return to normal activities.

What are the possible complications?

All surgery has risks. Possible complications of stapled haemorrhoidectomy are:

- bleeding from the operation site
- infection at the site of operation (less so than with conventional haemorrhoidectomy)
- urinary retention is the most common complication after surgery

- risks of a general anaesthetic - there will be the opportunity for you to speak to your anaesthetist on the day of surgery
- Deep vein thrombosis/Pulmonary embolus - reduced risk as you will be mobile much more quickly than following conventional surgery. You may be given stockings and/or blood thinning injections to reduce this risk
- pain after surgery. However, this should be manageable using simple painkillers and or anti-inflammatory drugs.

What should I expect afterwards?

You should be able to return to normal activities within a few days and return to work about a week after the procedure.

The first bowel movement is usually on day one or two and should not cause great discomfort. This will be helped if you ensure that you take a high fibre diet and plenty of fluids. You may be prescribed a laxative and stool softener to make it as easy as possible to have your bowels open.

For further information, please contact:

Doncaster Royal Infirmary, Surgical Outpatients Department,
tel 01302 366666 ext 3662.

Bassetlaw Hospital, Outpatients Department,
tel 01909 500990 ext 2411.

Montagu Hospital, Outpatients Department,
tel 01709 585171 ext 5613.

Any personal pre existing conditions may further increase the risk of surgery, these will be discussed with you at the time your consent is taken to proceed with surgery. Please ask any questions or discuss any concerns at this time.