

Surgical treatment of haemorrhoids

Haemorrhoids (piles) **arise from the tissue under the mucous membrane in the anus known as anal cushions that contain connective tissue and large veins.** The associated bleeding originates from these veins. Haemorrhoids typically form in three places. Depending on their location in relation to the anus, they are classified into internal, external, and mixed internal and external haemorrhoids. The typical symptoms are tenderness, pain, bleeding, and lumps that stick out (prolapse) from the anus when you empty your bowels.

The majority of haemorrhoids can be treated with locally applied medicines or rubber band ligation. A surgery is necessary if the haemorrhoids are large and prolapsed, or they form large external haemorrhoids with skin tags.

Procedure

Most commonly Milligan's technique is used, to remove the haemorrhoids entirely. Open, raw wounds are left in place of the haemorrhoids. The procedure is usually **performed under spinal or general anaesthesia.**

Preparation

It is important that you empty your bowels properly before the operation. Buy a Toilax combination laxative pack from your pharmacy. Take 4 Toilax tablets at around 16.00 (4.00 p.m.), and empty the Toilax enema into your rectum at around 20.00 (8.00 p.m.) on the day before the surgery. The results of the laxative occur promptly, so ensure that you have a possibility to go to the toilet quickly. Before coming to the operation it is recommended that you purchase an icebag (e.g. a gel bag that can be cooled and used several times) for pain treatment after the surgery.

Wound care

The operated area is showered twice a day until the wounds are healed. Also, wash your anus carefully after each time you empty your bowels. The wounds discharge for about three weeks. Initially, the discharge is often bloody. Use bandages as long as you experience discharge. If the discharge is foul smelling or purulent, wash your anus more often. You may go to sauna one week after the operation.

Moving around

You may walk without restrictions after the surgery. You may engage in sports after 2–3 weeks. Sitting can be difficult at first. It can be made easier by using a soft pillow on your seat.

Bowel function

You can follow your regular diet, but you should have **plenty to drink.** Your bowels should begin to function 3 days after the surgery. At first, you can use medication to soften your stool.

Treatment of pain

You are recommended to **take painkillers regularly for 1–4 days** and after that when necessary:

Paracetamol

Anti-inflammatory

Strong painkiller

Other medication

Sick leave is usually 2–3 weeks.

Contact us

If you experience inflammatory symptoms (increasing pain, heavy swelling, warmth, redness, continuous wound discharge) or other problems, contact your health centre or treating unit

Day Surgery Unit A2 on working days from 07.00–17.00 tel. **(06) 323 1552**

Emergency Department at other times tel. **(06) 323 1311**

Your own health centre or occupational health centre

We wish you happy healing!