



An open or (Milligan-Morgan) Haemorrhoidectomy is an operation where a variable amount of haemorrhoidal tissue is excised from the anal canal usually with an area of skin (tag) around the anal margin. The area in which the operation takes place is analogous to that of the opening of the mouth. Skin and the lining (mucosa and sub-mucosa) of the anal canal is removed (usually in three positions) and stripped off the underlying muscle of the internal sphincter. The blood supply to the area removed is controlled with cauterisation or a stitch. The wounds are left open although a soft pack is usually inserted into the anal canal for comfort. The operation is a procedure that is performed under general anaesthetic. The operation is performed as a day case or occasionally with an overnight stay.

What happens before the operation?

At a pre-assessment visit you will be seen by a doctor or nurse. You will have specific tests to ensure your fitness for surgery, which will depend upon your general medical health. The purpose of this visit is to spot any abnormalities well in advance of surgery and to make sure that there are no delays prior to timely, successful completion of your operation.

What happens just before the operation?

You will be admitted to a surgical unit. A senior nurse will complete the admission process detailing your current condition, ongoing medical problems and medications as well as personal details such as next of kin. You will be permitted to eat up until six hours before surgery and drink clear fluids at the discretion of the doctors, usually up to two hours before the operation. An Anaesthetist will visit you prior to your surgery to discuss the nature of your anaesthetic and methods of pain control

both during and after the operation. Your surgeon will visit you and discuss the operation again, asking you to sign a consent form once you are happy that all your questions have been answered and the risks and benefits have been explained to you.

What are the complications of the operation?

Although there are infrequent risks attached to this operation the nature of the surgery means that these may be significant.

Pain

The nature and position of the surgery means that post-operatively discomfort is common. By ensuring that prescribed pain killers are taken regularly along with laxatives to avoid constipation and that patients get plenty of rest this is usually manageable without difficulty at home. Only very occasionally is hospital readmission required.

Bleeding

Haemorrhoid surgery involves the division of many minor blood vessels. Although meticulous care is taken to prevent significant bleeding it is normal for a small amount of bleeding (and mucous discharge) to occur after the operation particularly when opening the bowels. Many patients feel more comfortable wearing an absorbent pad in the underclothes for a few days. Significant or prolonged bleeding may require a return to the operating theatre for control.

Urinary Retention

Some patients, men particularly experience difficulties passing urine after haemorrhoidectomy. Sitting in a warm bath and attempting to pass urine usually settles the problem but if it does not you should contact your hospital.

Changes in continence

Temporary changes in continence to gas, liquid and solid stools may occur around the time of surgery. Prolonged changes are extremely uncommon and may denote injury to the underlying sphincter mechanism at operation.

Anal Stenosis

The anal canal may become permanently narrowed with consequent loss of normal function as a result of removal of too much of the lining mucosa at operation. This is an extremely unlikely occurrence after surgery.

What will happen after the operation?

A soft pack in the anal canal may be passed or melt away

You will be able to start drinking and eating immediately after surgery. You will be given a combination of pain killers by mouth on waking from surgery these will be continued after discharge. Stronger intravenous painkillers are always available if required in hospital.

A combination of laxatives are given to assist with easy evacuation of the bowels. Diarrhoea should be avoided. An oral anti-biotic and an topical ointment to relax the anal sphincter are given to assist with pain control

What happens next?

You may stay in hospital overnight or be able to go home as long as you have no significant pain or nausea. A capable adult must remain with you for 24hours after the operation.

What happens just before the operation?

How soon you go home after the operation depends on how quickly you recover from surgery and who is at home to help you. Before discharge you will be advised how to care for your wounds. There are no limitations on showering or bathing, in fact many patients gain comfort from bathing several times a day. Application of ice-packs to the area many find useful alternating with a warm bath. You will need to take things easy for at least 2 weeks, spending most of that time standing or lying down is advisable. Most people are largely back to normal at two weeks after such surgery but it may take up to six weeks before you can say that you are fully recovered from the operation. As you leave hospital your General Practitioner will be informed of your treatment and the plans for your follow up. You may be given or sent an appointment to be seen in the outpatient department by your surgeon six weeks after discharge.

How will I feel when I go home?

Initially it is not unusual to feel a little tired following your operation. Discomfort should be minimal and controlled with simple pain killers used in combination. You will be prescribed these on discharge. If you feel that pain is increasing around your wound then you should contact your surgeon. Driving should be avoided for at least two weeks. The main area of concern is your ability to perform an emergency stop. Check with your car insurance company regarding the cover you have following an operation.