Société Nationale Française de
Colo-Proctologie

CREGG

FSCD

Information before undergoing a haemorrhoidectomy

The purpose of this leaflet is to provide you with information regarding your procedure. It may not apply entirely to your particular case. Do not hesitate to ask your doctor if you require further information. This information is a supplement and does not substitute the specific information given to you by your doctor. This leaflet is not exhaustive with regard to exceptional risks.

What is the purpose of this procedure?

Haemorrhoids, also known as piles, are a combination of soft tissue and blood vessels present in all individuals inside the anal canal (internal haemorrhoids) or under the skin of the verge (external haemorrhoids). We speak of haemorrhoidal disease when haemorrhoids become swollen and enlarged, causing symptoms such as pain, bleeding, or the externalisation of internal haemorrhoids. The first treatment step will consist of either medication or instrumental procedures performed in consultation.

The surgical indication is most often recommended in the event of failure of other treatment because of the significance of the symptoms, the volume of the haemorrhoids, or the presence of other abnormalities that justify a surgical procedure (anal fissure or skin tags).

What does the procedure involve?

This procedure, performed under general or local anaesthesia, consists in removing haemorrhoidal structures up to the inner part of the anus with ligation of the vascular pedicles. At the end of the procedure, this method leaves several wounds separated by skin bridges to guide healing. Depending on the distribution of the haemorrhoids, the procedure may leave one to four wounds. It is a very effective method which has been universally practised for many years.

What are the usual outcomes for this procedure?

The average duration of hospitalisation is between one (outpatient) and three days. During this period, the medical team will help you control the pain, which is the main setback of this procedure. It will monitor the return of your urinary function and help you to understand the hygiene measures you will need to follow at home. The wounds heal in six to eight weeks. Occupational leave return is usually between two and four weeks.

What are the possible short and medium-term complications of this procedure?

- Intense postoperative pain requiring intensification of drug treatment.
- Difficulty in emptying your bladder in 10% of cases which is treated medically or by the temporary placement of a urinary catheter.
- Rectal bleeding between the first and twentieth postoperative day requiring in 2 to 3% of cases emergency surgical revision. Because of this, you must refrain from going on long journeys or air travel for three weeks following the procedure.
- Constipation due to the formation of a 'plug' of stool, treated with enemas.
- Local infection is rare (<2%) but may require reintervention.
- Delayed healing may occur beyond eight weeks.
- As with all surgical procedures, very rare complications are possible: phlebitis, pulmonary embolism, loco-regional infection.

Pain, slight bleeding, intermittent mucus discharge and difficulty in distinguishing between gas and stools, along with urge to have a bowel movement are all common whilst the wounds are healing. They do not constitute complications as such.

What are the possible long-term complications of this procedure?

- Continence disorders may be favorised by pre-existing conditions such as tears during difficult childbirth, chronic diarrhoea, or a history of proctological surgery. Do not hesitate to talk about with your surgeon as they may facilitate your recovering. Most often temporary difficulties to retain gas and watery-stool may occur in relation to the removal of the haemorrhoidal tissue and laxative use.
- Narrowing of the anal canal (stenosis) may also occur, making bowel movements difficult and painful.
- Skin folds are sometimes observed and no aesthetic guarantee can be given

To find out more: www.snfcp.org.