

You will be contacted by the pre-admission nurses to discuss any routine pre-operative tests you may require. If you need pre-operative tests such as blood tests, x-ray, ECG, swabs etc, the nurses will organise a date prior to your admission at a convenient time. Typically this is in the week preceding your operation and this is an opportunity for you to ask any questions you may have or any concerns related to your hospital stay.

Please contact your insurance company with the dates, the expected length of your stay, details of your operation including the specific codes related to this as advised by the secretary. You are advised at all times to contact your insurance company prior to any admission, treatment, investigation or consultation to gain pre-authorisation from the insurance company. Your care and treatment with Basingstoke Colorectal is private and it is the responsibility of the patient to ensure insurance cover is authorised. If you require any assistance with this please contact us.

### Infection Control and prevention

Infections in hospital are worrying to everyone. We need your help to reduce the risk of infection. By working as a team, healthcare workers, patients and visitors can all make a difference. We can reduce the risk. Infection control is important to us all, at home and especially in hospital. We need to be more careful in hospital, as patients are vulnerable. They are more vulnerable due to their illness, treatment, age or a combination of factors.

### Hand washing

The single most important way of reducing infection is by hand washing. Bacteria and viruses, which cause infections, can be carried by hands and passed person to person or from things to people.

Please clean your hands regularly. It is especially important:-

- After using the toilet or bathroom
- Before eating (both snacks and meals)
- Between entering and leaving any ward or department

You may use soap and water, or if your hands are visibly clean you may use alcohol gel instead. You will find alcohol gel throughout the Hampshire Clinic. Patients should feel they can ask a nurse or doctor if they have cleaned their hands before an examination.

### Advice

- If you are unwell, coughing or sneezing, cold or flu like symptoms, please cancel your admission.
- If you have diarrhoea or vomiting three days before admission, please contact the nursing staff.
- Do not walk about in bare feet, wear slippers or shoes.
- Use disposable flannels.
- Use liquid soap.
- Dressings on wounds and drip sites are designed to keep them clean and dry, do not touch them.

You will be given a date for a follow up appointment with your consultant usually for six to eight weeks following the procedure.

If you have any queries, please do not hesitate to contact us.

### Summary

Haemorrhoids are a common problem. If non-surgical treatments fail, surgery is usually recommended. Occasionally haemorrhoids come back.

## HAEMORRHOIDS

### Patient Information Leaflet



### ALL CORRESPONDENCE AND APPOINTMENTS

The Hampshire Clinic Basing Road Basingstoke Hampshire RG24 7AL  
T: 01256 354747 F: 01256 818005  
E: [info@basingstokecolorectal.co.uk](mailto:info@basingstokecolorectal.co.uk) W: [www.basingstokecolorectal.co.uk](http://www.basingstokecolorectal.co.uk)

## HAEMORRHOIDS

Haemorrhoids, also known as piles, are soft fleshy lumps just inside the back passage (anus). They bleed easily, usually causing fresh bright-red bleeding when a motion is passed. They do not usually cause pain but can cause itching. When large, they can pass through the anus (prolapsed pile), feeling like a lump when you clean yourself.

Haemorrhoids develop gradually, often over a long period of time. They are associated with constipation, often run in families and can be made worse by pregnancy.

### Benefits of surgery

Surgery will help to treat the haemorrhoids with an aim to relieve the symptoms that haemorrhoids can cause.

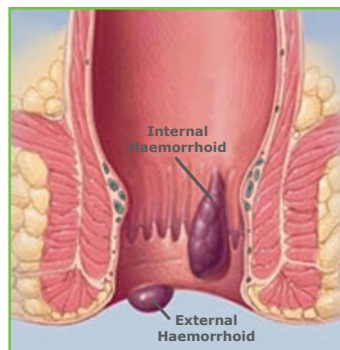
### Alternatives to surgery

Haemorrhoids can often be successfully treated by simple measures such as eating more fibre and drinking more fluid to avoid constipation and straining.

### Banding/Injecting

If these simple measures are unsuccessful, the haemorrhoids can usually be treated successfully with local treatments which include 'banding' or 'injecting' the haemorrhoids. Banding (ligation) involves placing a small rubber band over the haemorrhoids cutting off its blood supply.

The haemorrhoid and the band will fall away after a few days and the wound usually heals within a couple of weeks. This procedure sometimes produces mild discomfort and bleeding and may need to be repeated for full effect. Injecting involves injecting a substance into the haemorrhoid to help shrivel the haemorrhoid. Both banding or injection are suitable for many patients with haemorrhoids but the problem may come back.



### Digital Haemorrhoidal Artery Ligation Operation (DGHAL) or (HALO)

DGHAL or HALO is performed under general anaesthetic. This operation is designed to eradicate piles without the need for cutting. The operation uses a miniature ultrasound device to locate the blood vessels supplying the haemorrhoids. The aim of the operation is to cut off the blood supply to the haemorrhoids. This is achieved by placing a stitch around each blood vessel. Over the following few weeks to months, the piles shrink away and the symptoms resolve. Some pain is to be expected for several days after the operation and this is usual.

### Stapled haemorrhoidectomy

A stapled haemorrhoidectomy is performed under a general anaesthetic. Stapled haemorrhoidectomy is a minimally invasive procedure used to treat haemorrhoids as an alternative to standard haemorrhoidectomy surgery. Its main advantage is that there is less post-operative discomfort than after a conventional surgical haemorrhoidectomy. A stapling technique is used to pull the swollen blood vessels back into their normal position and then remove excess haemorrhoidal tissue. The staples used are made of titanium and are tiny. This method may lead to shrinkage of, but does not entirely remove, the haemorrhoids. Complications specific to this procedure include bleeding, urgency (sensation of needing to rush to the toilet to empty the bowels) in up to 20% of patients.

### Conventional (Milligan Morgan) Haemorrhoidectomy

Haemorrhoidectomy is performed under a general anaesthetic. Haemorrhoidectomy removes the excess tissue that causes bleeding and protrusion. This procedure is reserved for patients who are not suitable for stapled haemorrhoidectomy or DGHAL. Post operative pain can be significant for up to six weeks.

#### General complications of any operation

- Pain
- Bleeding
- Infection in the surgical wound
- Blood clots

#### Specific complications of this operation

- Recurrence of haemorrhoids
- Temporary difficulty passing urine
- Anal stenosis/Narrowing
- Developing skin tags
- Developing an anal fissure
- Incontinence

### On discharge from the Hampshire Clinic

You should be able to go home two to three days after Milligan Morgan haemorrhoidectomy, usually after passing your first motion. If your haemorrhoids were treated using a staple gun or DGHAL, you may be able to go home the same day. You should drink plenty of fluid and increase the amount of fibre in your diet to avoid constipation. You will be sent home with mild analgesics and laxatives with advise to take these regularly. The wounds often take several weeks to heal completely and you may need to wear pads until then. There are no open wounds with the stapled or HALO techniques. It is very common to experience bleeding and discomfort in the first few weeks following surgery. These can help to be alleviated by avoiding constipation, taking analgesia and adequate rest.

Recovery following surgery is very individual; some people experience a lot of pain and swelling and you may need several weeks away from work and require regular analgesia (painkillers).

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

In the unlikely event that you should experience severe abdominal pain or excessive bleeding, please contact the nurses on the ward at the Hampshire Clinic, your consultant secretary, GP or attend the Accident and Emergency Department immediately for assessment. Please inform them that you have recently had surgery.

Hampshire Clinic: 01256 357111

Accident and Emergency, Basingstoke and North Hampshire Hospital:  
01256 473202 x4700

Any bowel surgery is associated with certain risks including complications related to general anaesthetic, bleeding, chest infection, infection, recurrence, deep vein thrombosis, pulmonary embolus. The risk of any operation is determined in part by the nature of the operation. An individual's general health and other medical conditions are also factors that affect the risk of any operation. Your consultant will have discussed your individual risk for any operation with you at your consultation.

### Following Consultation

Following your consultation it has been recommended that you undergo surgery to treat your haemorrhoids. You will be booked in for a date to come into the Hampshire Clinic and will be given information related to this admission. You will receive information in the post from the Hampshire Clinic related to your stay. This will include information about when to stop eating and drinking and timing of your admission to the Hampshire Clinic. On arrival, the nurses will admit you and you will be given an enema on the ward prior to the procedure.