

Useful websites

www.nhs.uk

www.sunderland.nhs.uk/chs

If you have any queries do not hesitate to ring the Day Case Unit on:

0191 5699053 between 8am and 7:30pm Monday to Friday

This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not yet be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.

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ANAL DISORDERS

PATIENT INFORMATION LEAFLET

Day case Unit

Sunderland Royal Hospital

Introduction

Anal and peri-anal disorders make up about 20% of general surgical referrals. Common symptoms are anal bleeding, itching and discomfort. Pain when opening your bowels and sometimes a discharge.

Haemorrhoids

Haemorrhoids (piles) are extremely common affecting nearly half of the population at some time. Lack of fibre in the modern diet is probably the most common factor causing piles.

The term Haemorrhoids (piles) refers to dilatation of the haemorrhoidal veins. They are classified as first, second or third degree, according to the extent to which they have prolapsed. Most patients coming to us for surgery have already tried various treatments but still have symptoms. Therefore the doctor needs to take a closer look to be able to make a diagnosis. To do this you usually need to be asleep.

Treatment for Haemorrhoids

- **Banding of haemorrhoids**

First degree haemorrhoids that do not respond to dietary changes and most second degree haemorrhoids are best treated by application of a band, which cuts off the supply of the haemorrhoidal vessel. The result is the haemorrhoid will slowly shrink. This procedure is usually painless and can be performed without an anaesthetic, which means that you will be awake.

- **Injection**

An alternative to banding is injection. This can also be performed without anaesthetic. The injection of a special liquid is placed into the neck of the haemorrhoid and is painless. This causes the haemorrhoid to shrink.

- **Anal Stretch**

This procedure involves a manual dilatation (stretch) of the anal sphincter (opening). This procedure is performed to break down fibrotic (tight) bands that may prevent normal anal opening when opening your bowels.

Not all haemorrhoids can be treated by these methods and some require an operation under a general anaesthetic. When the haemorrhoids are surgically removed, it is not possible to stitch the skin closed after this, so you will have three small wounds around the back passage.

A haemorrhoidectomy is painful and you will be given regular pain killers after the operation. It is very important not to get constipated and you may be given medicines (Fybogel and Lactulose or movicol) to keep your bowels soft. and antibiotics (metronidazole) which have been shown to reduce the pain.

What happens after the operation?

Following your operation you may experience some slight blood loss and pain when you first begin to open your bowels. This is to be expected but if you are worried you will be given a telephone number to seek advice.

It is important to eat a healthy high fibre diet and to increase your intake of water. (6-8 glasses of water a day is the recommended amount) If you experience problems with constipation you may need a mild laxative.

You may bath or shower 24 hours after your operation and it is advisable to wash the area every time you open your bowels. The doctor may require to see you in clinic after your operation the nurse will inform you of this when you are discharged. Your appointment will be sent through the post.