

Patient Education & Instruction File: Hemorrhoidectomy

Mohammed Al-Dossary Hospital – Alkhobar, General Surgery Department

What Are Hemorrhoids?

Hemorrhoids are swollen veins (vascular cushions) around the anus and lower rectum. They can be **internal** (inside the anal canal) or **external** (under the skin around the anus).

Symptoms include:

- Bleeding during bowel movements
- Pain, itching, or burning
- A feeling of tissue coming out (prolapse)
- Swelling or lumps around the anus
- Discomfort or difficulty with cleaning after stool

Hemorrhoids are common and **not dangerous**, but they can affect comfort and quality of life.

Why Is Surgery Needed?

Surgery may be recommended when:

- Bleeding is severe or recurrent and causes anemia.
 - Hemorrhoids are painful, swollen, or thrombosed.
 - The prolapse (tissue coming out) cannot be pushed back inside.
 - Conservative treatment (diet, creams, suppositories) fails.
 - There are mixed or large external hemorrhoids.
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Treatment Options and Surgical Techniques

There are several surgical methods.

☞ **Not every technique fits every patient or every surgeon.**

The choice is a **shared process** between **you and your surgeon** after proper examination and discussion of your case, expectations, and priorities.

1. Open Hemorrhoidectomy (Milligan–Morgan Type)

How it's done: The hemorrhoidal tissue is removed surgically through small cuts; wounds are left partly open to heal naturally.

Best for: Large or mixed hemorrhoids, recurrent disease, thrombosed external piles.

Advantages:

- Very effective for advanced cases
- Lowest recurrence rates

Possible drawbacks:

- More postoperative pain
 - Longer healing period (2–6 weeks)
 - Mild bleeding, swelling, or difficulty passing urine for a short time
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2. Ligasure / Bipolar Vessel-Sealing Hemorrhoidectomy

How it's done: Special energy device cuts and seals the hemorrhoidal tissue and blood vessels.

Advantages:

- Less bleeding during surgery
- Shorter operative time

Possible drawbacks:

- Similar pain level to open method
 - More expensive device
 - Recovery and results similar to open excision
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3. Stapled Hemorrhoidopexy (PPH / Stapler Surgery)

How it's done: A circular stapler removes a ring of tissue inside the rectum, pulling hemorrhoids back into place and cutting off their blood supply.

Best for: Internal or **partially prolapsing hemorrhoids** without large external components.

Advantages:

- Usually less pain (the area treated is higher, with fewer pain nerves)
- Faster recovery and earlier return to work
- Good cosmetic result

Possible drawbacks:

- Higher cost
- May have a small chance of recurrence in some cases
- Not suitable for large external hemorrhoids

Reassurance: This operation **does not affect continence** or control of stool and gas when properly performed.

4. Laser Hemorrhoid Surgery

How it's done: Laser energy is used to shrink or remove hemorrhoidal tissue with minimal bleeding.

Best for: Small to moderate hemorrhoids (grade II–III) or patients preferring a minimally invasive option.

Advantages:

- Much less pain
- Faster recovery
- Minimal bleeding and good cosmetic results

Possible drawbacks:

- Higher cost
- May not be suitable for very large hemorrhoids
- Slightly higher recurrence risk in some cases

Reassurance: Laser surgery **does not affect continence**. You will maintain normal bowel control.

Preoperative Preparation

- **No prolonged fasting is required.** Only avoid food and drink for **8 hours before surgery (night of operation)**.
 - **Sometimes, a rectal enema** will be given in the admission ward before the procedure to empty the rectum.
 - Routine **blood tests** will be done before surgery.
 - **Stop blood thinners** only after your doctor's advice.
 - **Shower and clean** the anal area on the morning of surgery.
 - Inform your doctor if you have **fever, infection, or diarrhea** before admission.
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After Surgery — What to Expect

Immediately after surgery:

- Pain is common and controlled with oral painkillers.
- Mild bleeding or spotting may occur.
- You may notice some swelling or bruising around the anus.
- You can walk and move early; it helps recovery.

First week:

- Pain gradually improves.
- Use **stool softeners** and a **high-fiber diet** to avoid straining.

- Warm **sitz baths** help with pain and hygiene.
- **No dressing** is usually needed, but if there's mild bleeding or discharge, you may place a **clean gauze** over the area.

Following weeks:

- Most patients recover in **2–6 weeks**, depending on the method and extent of surgery.
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Possible Complications (Uncommon)

- Bleeding (2–5%)
 - Wound infection (1–3%)
 - Urinary retention (temporary, 5–15%)
 - Narrowing of anal canal (rare)
 - Recurrence (varies by method)
 - **Loss of control (incontinence)** is **extremely rare** and temporary if occurs.
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Recovery and Return to Activity

- **Walking:** same day or next day
 - **Driving:** after pain is controlled (3–7 days)
 - **Office work:** 3–7 days depending on comfort
 - **Heavy work or sports:** after 3–4 weeks
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When to Contact Your Doctor or Visit ER

- Heavy bleeding or large clots
 - High fever ($>38^{\circ}\text{C}$)
 - Severe pain not relieved by medicine
 - Difficulty urinating
 - Significant redness, swelling, or foul discharge
 - New leg pain or shortness of breath (possible clot)
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Final Reassurance

Hemorrhoid surgery is a **safe and effective** procedure when performed by experienced surgeons. At **Mohammed Al-Dossary Hospital**, your care team will choose the most suitable technique

for you after full discussion.

Your comfort, recovery, and safety are our top priorities.