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Patient Information Sheet

HAEMORRHOIDS & SURGERY FOR PILES

What are haemorrhoids and what are the symptoms?

We all have 'cushions' of veins at the junction of the upper anal canal and rectum which come together to form a seal (so that we don't leak solid, liquid or gas) after passing a motion when the anal sphincter muscle closes. If these 'cushions' become enlarged like varicose veins, then we call these internal haemorrhoids or piles.

Typical symptoms include:

- Bright rectal bleeding which often comes after passing a stool and can be noticed on the toilet tissue or sometime drips into the toilet pan
- Itching or irritation around the anal skin due to piles producing mucus which maybe noticed also as a 'wetness' at the anal opening
- Sometimes larger piles will prolapse out of the anal canal and might ache until the spontaneously reduce back to their normal position or might need to be gently eased back after defecation
- Internal haemorrhoids rarely cause any pain and do not 'obstruct' the passage of a stool
- Piles never cause a change in stool consistency nor darker mixed blood and generally rectal bleeding or change in bowel habit must never be ignored

As we all have these haemorrhoidal cushions, piles are very common indeed but anything which increases the 'back-pressure' in the veins can cause piles such as after pregnancies, a chronic cough, excessive staining with constipation, increased intra-abdominal pressure with obesity, a very manual/ lifting job or some liver diseases. Bleeding from piles is more common in patients who take blood-thinning medication and as alcohol causes veins to swell up, some people with piles will notice more bleeding if they have a binge and drink too much.

Although *internal* haemorrhoids rarely cause pain (except if they prolapse and get 'stuck out'), veins on the outside margin of the bottom hole (*external* haemorrhoids) can suddenly swell up with a clot inside the external piles particularly after heavy exercise or lifting, and this produces a very painful blue coloured lump at the anal margin (called a thrombosed haemorrhoid or perianal haematoma) which needs immediate attention.

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How are piles investigated and treated?

Ideally fissures are treated with medications aimed to break this cycle (conservative treatment). About 50-60% will heal within 3-6 weeks but those, which don't will require a small operation, which is almost always successful, though we try to avoid surgery if at all possible.

- *Conservative treatment:*
    - **Local anaesthetic** gels or creams applied just *into* the anal canal 5-10 mins *before* going to the toilet help with the pain, and can be used afterwards to numb the discomfort to some extent
    - **GTN ointment** (Rectogesic) is applied *around* the bottom hole twice daily. This is absorbed directly through the skin and stops the anal spasm, which might increase the local blood flow promoting healing of the fissure. The side-effect of this ointment can be throbbing headaches which might go after a few days or alternatively you can dilute the ointment by using half as much and mixing it with Vaseline
    - Stool softeners and laxatives – this is the single most important part of conservative treatment. Buy and take **Lactulose** 20ml twice daily and **Fybogel** one sachet twice daily along with plenty of fluids (and possibly Senna if required) until your stool is the consistency of soft mash potato
- *Surgical treatment:*
    - If after 3-4 weeks your fissure shows no signs of healing despite following the conservative regime carefully, then we would recommend that you will require a small quick Day Case operation, firstly to examine you under a brief general anaesthetic to check to ensure that this is a fissure and no other reason is present which is preventing healing (e.g. scarring or an inflammatory bowel condition), and secondly to perform surgery to heal the fissure (approximately 95% successful of the 40-50% who fail the conservative treatment)
    - A **lateral internal anal sphincterotomy** is a small cut in the internal sphincter, which stops the spasm and heals the fissure again by improving the blood supply. This operation leaves the much larger and powerful external sphincter, which maintains your continence. At the end of the procedure performed under a general anaesthetic (GA), the sensory nerves to the anal canal are blocked with a local anaesthetic (pudendal nerve block) to make the post-operative pain easier
    - Sometimes if there is excessive scarring, then this can be removed at the same operation (fissurectomy), and if you have coincidental piles (haemorrhoids) into which the fissure is tearing and causing heavier bleeding, then under the same GA I might inject the piles

How long will the fissure take to heal after surgery?

Most patient's report that compared to the pain of the fissure, that immediately after the surgery that the feel relief – some never have any post-op pain! Usually however, the pain disappears in 5-7 days (may be slightly prolonged if additional surgery e.g. a fissurectomy is required) but the fissure takes about 3-4 weeks to fully heal. During this time *it is absolutely vital* that you do not become constipated, so get a good supply of Lactulose, Fybogel and Senna ready at home (as well as paracetamol, ibuprofen etc. as painkillers), and you will need to keep the area clean with twice daily baths/ showers soaking the anal area. Expect to take one week off work, depending on your job.

Can fissures return?

Whilst this is unlikely, you must avoid constipation in future. A sensible high fibre diet (fruit and vegetables) with plenty of fluids helps, but I would recommend taking a sachet of Fybogel every morning, which is healthy, and will not damage the bowel or make it lazy

Are there any complications of surgery?

All surgical procedures carry very small risks. Any operation can be complicated by infection and bleeding and it is surprising that the anal canal rarely gets infected. You will see some bleeding post-operatively, but heavy bleeding is rare. The risks of incontinence are extremely low, very occasionally (2%) minor ‘wind incontinence’ is reported, but this often improves with time. Failure of the surgery to cure the pain/ fissure is equally rare (2-5%)