

Surgical treatment of haemorrhoids

These instructions are intended for printing. The instructions contain sections to be filled in.

Haemorrhoids (piles) arise from the tissue under the mucous membrane in the anus known as anal cushions that contain connective tissue and large veins. The associated bleeding originates from these veins. Haemorrhoids typically form in three places. Depending on their location in relation to the anus, they are classified into internal, external, and mixed internal and external haemorrhoids. The typical symptoms are tenderness, pain, bleeding, and lumps that stick out (prolapse) from the anus when you empty your bowels. The majority of haemorrhoids can be treated with locally applied medicines or rubber band ligation. A surgery is necessary if the haemorrhoids are large and prolapsed, or they form large external haemorrhoids with skin tags.

Procedure

Most commonly Milligan's technique is used to remove the haemorrhoids entirely. Open, raw wounds are left in place of the haemorrhoids. The procedure is usually performed under spinal or general anaesthesia. Sometimes a so-called THD surgery is performed. The haemorrhoids and feeding arteries are sutured, and there will be no open wounds. THD procedure, however, is not sufficient for everyone.

Preparation

It is important that you empty your bowels properly before the operation. Buy a Toilax combination laxative pack from your pharmacy. Take 4 Toilax tablets at around 04.00 p.m., and empty the Toilax enema into your rectum at around 08.00 p.m. on the day before the surgery. The results of the laxative occur promptly, so ensure that you have a possibility to go to the toilet quickly. Before coming to the operation it is recommended that, you purchase an ice bag (for example gel bag that can be cooled and used several times) for pain treatment after the surgery.

Recovery

You may walk without restrictions after the surgery. You may engage in more strenuous sports after 2–3 weeks. Sitting can be difficult at first. It can be made easier by using a soft pillow on your seat.

Wound care

The operated area is showered twice a day until the wounds are healed. Also, wash your anus carefully after each time you empty your bowels. The wounds discharge for about three weeks.

Initially, the discharge is often bloody. Use bandages as long as you experience discharge. If the discharge is foul smelling or purulent, wash your anus more often. You may go to sauna one week after the operation.

Bowel function

You can follow your regular diet, but you should have plenty to drink. Your bowels should begin to function within 3 days after the surgery. At first, you can use medication to soften your stool.

Pain management

You are recommended to take painkillers regularly for 1–4 days and after that when necessary:

Paracetamol

Anti-inflammatory

Strong painkiller

Other medication

Sick leave is usually 1–3 weeks.

Contact us

If you experience signs or symptoms of infection (increasing pain, heavy swelling, heat, redness, drainage of pus from the wound) or other problems, please contact the treating unit.

Day Surgery Unit, Monday–Friday, 07.00–15.00, telephone 06 213 1552

Your own health Centre or occupational health unit

Telephone nursing services from 15.00–08.00 on Monday–Thursday and from 14.00–08.00 on Friday and 24 hours a day during weekends and on midweek holidays, telephone 116 117