



Haemorrhoidectomy – Patient Information Dr Fiona Reid

Before Surgery:

- Day Case Procedure: Haemorrhoidectomy is usually performed as a day case. You will go home the same day.
- Bowel Preparation: No enema or bowel preparation is required unless a colonoscopy or flexible sigmoidoscopy is planned at the same time.

Optimising Bowel Function:

- Begin a fibre supplement (e.g. 1-3 tsp Metamucil) at least 2 weeks before surgery and continue for 6 weeks afterwards.
- Avoid constipation and straining both before and after surgery.
- If you are already on a bowel management plan, continue as directed.

On the Day of Surgery:

- You will receive a general anaesthetic.
- A small soft dressing will be placed in your anus; this will pass easily during your first bowel action.
- Most patients go home the same day once safe. You will need someone to drive you.

After Surgery – What to Expect:

- Pain: Pain is expected and can be significant for the first 48–72 hours, then slowly improves over the next 1-8 weeks.
- Bleeding: Light bleeding with bowel actions is normal and expected.

- Contact your doctor/hospital if: you experience heavy bleeding between bowel actions, or bleeding that does not stop.
- Leakage: Some leakage from the bottom is temporary and common.
- Swelling/Wound Sensation: The area will feel swollen and like an open wound; this is normal and part of healing.

Pain Management Strategy:

- Metronidazole (oral antibiotic): Used for its pain-relieving properties.
- Topical Rectogesic® cream: Helps with pain; may cause headache, but this usually improves if you keep using it. Apply it 3 times a day to the outside opening of the anus
- Oral simple analgesia: Paracetamol and ibuprofen (regularly if tolerated).
- Oral opioid: Use regularly for the first 2–3 days as prescribed then gradually reduce.
- Topical ice packs: Crushed ice in a glove or ziplock bag applied externally to the anal canal.
- Warm salt baths or sitz baths: Especially helpful after bowel actions.

Bowel Management:

- limit your time on the toilet, do not take you phone or read, use a step stool under your feet, be gentle with wiping or use a gentle bidet or take a bath after your bowel action.
- Continue fibre supplements and any bowel regimen you were on before surgery.
- Use Movicol® (1–2 sachets) if stools become hard; stop if diarrhoea develops.
- Avoid constipation and straining, but also avoid diarrhoea as this increases risk of anal narrowing (stenosis).

Complications:

- Major bleeding requiring intervention: ~1%
- Infection (very rare)
- Recurrence or residual haemorrhoids or skin tags

- Pain (temporary)
- Anal stenosis (narrowing of the anal canal)
- Incontinence (rare, usually temporary)

When to Contact Your Doctor or Hospital

- Bleeding that will not stop
- Passage of large clots or significant blood loss
- Fever, chills or shakes

Typical Recovery Course

- Pain requiring regular analgesia for 48–72 hours, then gradually improving.
- Swelling, inflammation, and wound sensation for several weeks – normal.
- Most patients return to normal activities within 2–3 weeks, though healing continues for longer.
- Even though it's tough, most people are pleased to have had their surgery once they have fully recovered.