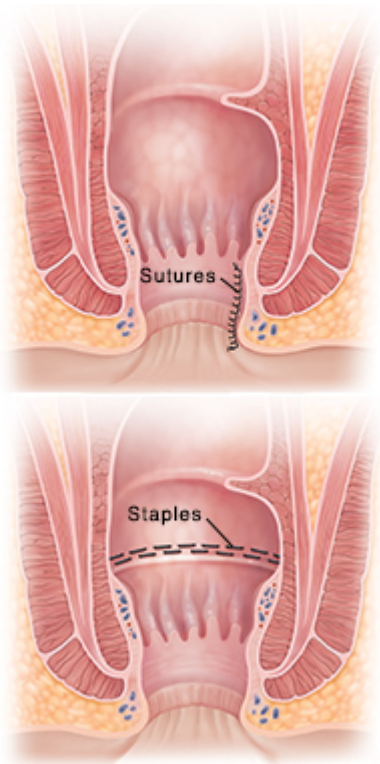


Treating Hemorrhoids: Surgery



You may need surgery for hemorrhoids if they cause severe symptoms. You may also need surgery if your hemorrhoids come back after you've tried other treatments, such as rubber-band ligation or infrared coagulation. Your healthcare provider can tell you about the procedure that will be used. You'll also be told how to get ready for the surgery and what to expect after it.

Getting ready for surgery

Your surgery will be done at a hospital or outpatient surgical center. Follow your healthcare provider's advice on getting ready for surgery.

- Tell your healthcare provider about all the medicines you take. This includes both prescription and over-the-counter medicines, vitamins, herbs, and other supplements. It also includes blood thinners, aspirin, and ibuprofen. In some cases, you may need to stop taking some or all of them before surgery.
- Stop smoking.
- Plan for an adult family member or friend to give you a ride home after the procedure.
- Follow any directions you're given for not eating or drinking before your surgery.
- Do a bowel preparation, such as an enema or laxative, if told to do so.

Risks and possible complications

The risks and complications for this surgery are:

- Infection
- Bleeding
- Trouble urinating
- Narrowing of the anal canal (very rare)

The day of surgery

Be at the hospital or surgery center on time. You'll be asked to sign some forms and change into a gown. You'll then be given an IV (intravenous) line in your hand or arm. This IV gives you fluids and medicine. You may also be given a laxative or enema to clean stool from your rectum. Just before surgery, you'll talk with an anesthesiologist. They can tell you about the type of medicine used to prevent pain during surgery. You may have:

- Local anesthesia that numbs just the surgical area
- Monitored sedation that makes you relaxed and sleepy
- Regional anesthesia that numbs certain parts of your body
- General anesthesia that puts you to sleep during the procedure

During surgery

Your healthcare provider will put a scope into your anus to view the anal canal. They will use certain tools to take out the swollen hemorrhoids. Your cut (incision) will be closed with stitches (sutures) or staples.

Hemorrhoidectomy with stitches

The hemorrhoids are taken out using surgical tools, such as a scalpel or sealing (cautery) device. The cut is then closed with stitches. In some cases, the cut may be left partly open. This lets fluid drain and helps with healing.

Stapled hemorrhoidopexy

This procedure uses a special tool to take a ring of tissue from the anal canal. Removing the tissue cuts off blood flow to the hemorrhoids, so they will shrink. The tissue ring is then secured with staples. This helps hold the tissue in place.

After surgery

You'll be taken to the PACU (post anesthesia care unit) to be closely watched. You can often go home the same day. But in some cases, you may need to stay in the hospital overnight. For a short time after surgery, you may have nausea, minor bleeding, and discharge. You'll also likely have some pain. To help you feel better, your healthcare provider will give you pain medicine. You may also be given medicines to help make bowel movements easier.

When to call your healthcare provider

After surgery, call your healthcare provider right away if you have:

- Increasing pain
- Bleeding that doesn't quickly stop
- Fever of 100.4°F (38°C) or higher, or as directed by your provider
- Chills
- Inability to move your bowels
- Trouble peeing

Call 911

- **Call 911, or get immediate medical care at the nearest emergency department if there is continued heavy bleeding**