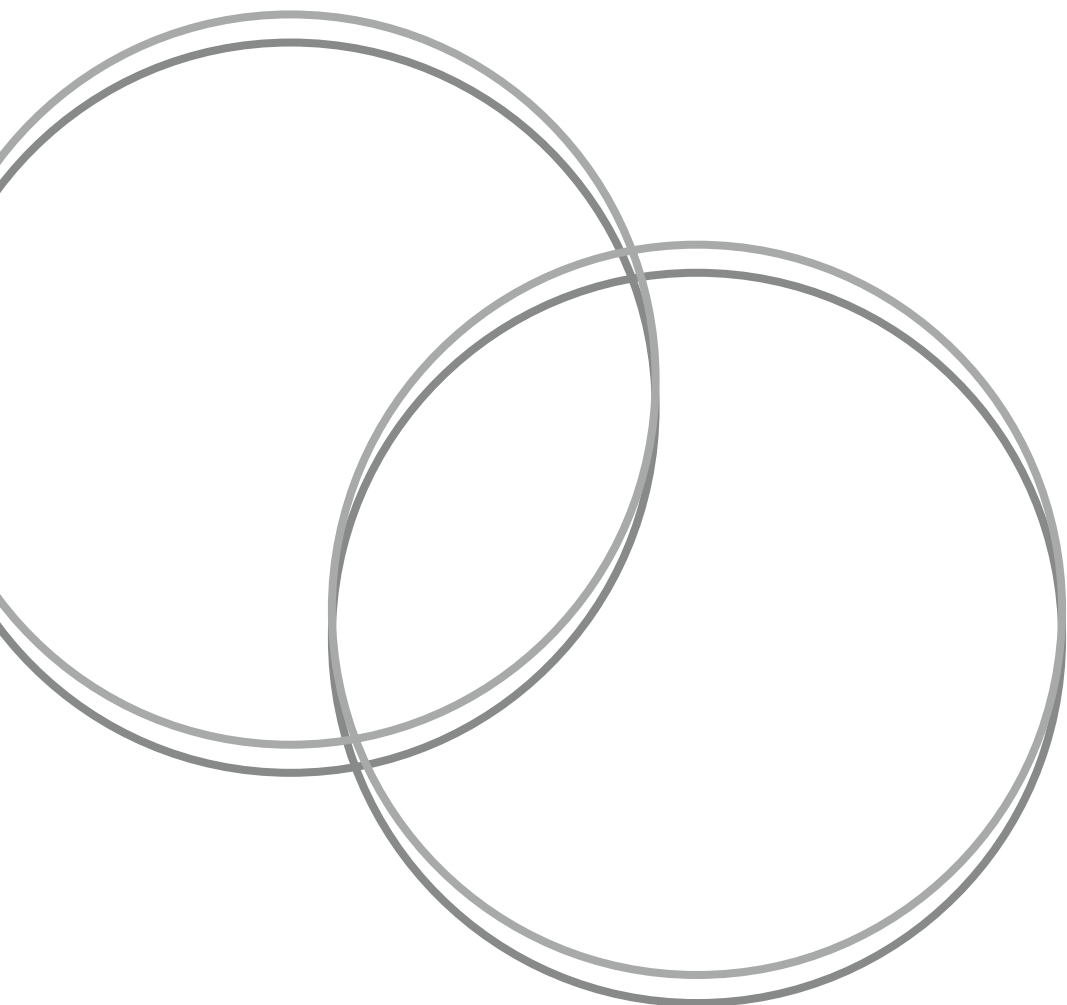




Oxford University Hospitals
NHS Foundation Trust

Haemorrhoids

Information for patients



What are haemorrhoids?

Haemorrhoids (piles) are enlarged blood vessels around the anus (back passage). There are two types of haemorrhoids: internal and external.

Internal haemorrhoids are inside the back passage where the rectum joins the anus. They are covered by the mucous lining of the rectum. They can cause discomfort, bleeding, and sometimes they can prolapse (come down outside the back passage, particularly after opening the bowels). Prolapsed haemorrhoids can cause mucous discharge, making the surrounding skin and underclothes wet.

External haemorrhoids are on the outside of the back passage and are covered by skin. The loose skin can produce irritating tags. External haemorrhoids often cause itchiness and discomfort.

Both types of haemorrhoid can become painful if a clot forms in the blood vessels affected or if they get inflamed.

What causes haemorrhoids?

Constipation, pregnancy and childbirth, obesity and straining e.g. whilst lifting or vomiting, can all contribute to the development of haemorrhoids.

What treatments are available?

There are a variety of treatments for haemorrhoids.

Conservative measures

The first step is to avoid constipation, straining, and sitting on the toilet for a long time. Heavy lifting is also bad for haemorrhoids. Drinking plenty of water and eating a high-fibre diet are important. If the bowels still tend to be hard or infrequent, use some laxative medication. A variety are available from the chemist or supermarket, or you could discuss with your GP. We often recommend Laxido or Movicol, but this does not suit everyone. Another option is Fybogel, which provides extra fibre to your diet. There are also a lot of haemorrhoid creams and ointments available from the chemist or supermarket to help settle down an acute flare-up.

Clinic treatments

The next step is often to shrink the haemorrhoids by placing rubber bands around them (banding) or injection treatment. This can be done quickly and simply in the clinic. For large haemorrhoids, more than one banding treatment may be required to get rid of the haemorrhoids. Banding treatment can be uncomfortable for a few hours or days afterwards, and some people feel faint or dizzy for a few minutes after the procedure. There is a small risk of bleeding for about 3 weeks afterwards, until the area has healed up inside.

For people taking blood thinner medications, or with liver problems, the risk of bleeding is higher and sometimes it is not safe to do this treatment.

Operations

For larger or persistent haemorrhoids, surgery is sometimes required. There are three different types of surgery currently available. These are all done as a daycase procedure, and usually under general anaesthetic. They are described in more detail below.

- 1) 'HALO' procedure (haemorrhoid artery ligation operation).
This involves placing stitches inside the back passage to reduce blood supply to the haemorrhoids and reduce the prolapse.
No cutting is involved.
- 2) Laser haemorrhoidoplasty. This is a minimally invasive technique.
The laser fibre is shaped like a thin pencil. It is inserted into the haemorrhoid and the laser energy makes the haemorrhoids shrink.
- 3) Haemorrhoidectomy. This involves cutting out the haemorrhoids.
This is the most effective option, but also involves more discomfort and risks.

Haemorrhoid artery ligation

This operation involves using dissolving stitches internally to reduce the amount of blood flowing into the haemorrhoid area, and then further stitches to hitch up haemorrhoids that are prolapsing (dropping down). There are different versions of this procedure, with different names depending on the manufacturer of the equipment used. At the Horton Hospital the most common operation is called THD (transanal haemorrhoidal dearterialisation).

This operation does not involve cutting or removing any tissue. This means less risk of damaging surrounding tissues and less scar tissue. It also means the normal tissue around the opening is preserved. The operation can be very effective for haemorrhoids that bleed and/or prolapse.

The operation can be quite uncomfortable for a while afterwards, and you will be advised to rest for 2 weeks following surgery.

Laser haemorrhoidoplasty

This operation is quicker and simpler than HALO or haemorrhoidectomy. It involves inserting a laser fibre into the haemorrhoids and using laser energy to cause the blood vessels in the haemorrhoids to clot. This will allow the haemorrhoids to shrink, but it takes a few weeks after surgery for this to happen. The laser operation is less painful than the other two, and you will be able to get back to work and other normal activities more quickly. It does not work so well for large haemorrhoids.

Haemorrhoidectomy

Haemorrhoidectomy means cutting out the haemorrhoids, and can cut out up to 3 haemorrhoids. There will be a cut on the outside and extending internally. These cuts will take several weeks to heal and be quite uncomfortable afterwards, particularly when you go the toilet.

Haemorrhoidectomy is the most effective operation to remove haemorrhoids but it also has more risks. The risks include pain, bleeding, problems with wound healing, and damage to the sphincter muscles that give you control over your bowels. There is also a risk of abnormal scarring causing narrowing (stenosis) of the outlet of the back passage.

If your haemorrhoids extend in a ring all the way round your back passage, it will not be possible to remove all of them. We can only remove a maximum of 3 areas, to avoid causing too much damage.

After surgery you will need to rest for 2 weeks while the area heals. The wounds will weep or ooze while they heal so you may want to wear a dressing or panty liner for a couple of weeks. It will also be important to keep the area clean by regular bathing or using a shower nozzle.

General information for after a haemorrhoid operation

At the end of the operation, we often place a small dissolvable dressing internally to stop any bleeding. This will turn to a jelly and come out the first time you open your bowels.

When you go home after the operation you will be given information about looking after the area and medication. You will probably be given some pain medicine, laxatives and antibiotics to take for a few days after surgery.

Washing

You can wash the area with soap and water as soon as the dressing is off. You can bath or shower as often as you wish but dry the area gently by dabbing with a soft towel rather than rubbing.

Constipation

It is important to avoid becoming constipated after the operation. Straining may cause unnecessary bleeding and discomfort. A healthy diet including fibre, fruit and vegetables and drinking plenty of fluids will all help to avoid constipation. (You must drink plenty of water when taking in fibre or you can get constipation.) You will probably be given a laxative to take at home for the first few days.

The first time you open your bowels may be painful, but this will improve rapidly. You might find it helpful to take pain killers 15 to 20 minutes before you try to open your bowels. We recommend a laxative, which works by trying to create a soft and 'easy-to-pass' stool. You may be given a laxative on discharge, otherwise you can buy it at any chemist or supermarket.

Other symptoms

There may be some purple bruising around the wound – this is normal and will fade. Occasionally you may notice difficulty controlling wind through your back passage. This will usually get better in a day or two.

Driving

You can drive as soon as you are comfortable enough to do an emergency stop safely. This is usually within 4 to 5 days.

Sex

You can restart sexual relations as soon as it is comfortable to do so.

Returning to work

After a haemorrhoid artery ligation operation or haemorrhoidectomy, you will probably need 2 weeks to recover before going back to work. After laser haemorrhoidoplasty, recovery is usually quicker.

When should I seek help?

- If you develop a fever above 101° F (38.5° C) or chills.
- Vomiting or nausea.
- Increasing pain, redness, swelling or discharge.
- Severe bleeding.
- Difficulties in passing urine.
- Constipation for more than 3 days despite using laxatives.

Where should I seek advice or help?

In the first 24 hours after surgery:

Telephone the ward where you were treated via the hospital switchboard: **01865 741 166**

After that time, please contact your GP.

Further information

Website: www.nhs.uk/conditions

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust

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