

## b. Medications, fasting etc.

Your doctors will have told you if you need to stop certain medications before the operation, and when to do so. These would include blood-thinning medications like aspirin and warfarin.

They will also advise when you should start fasting before the operation. In general, you should stop eating solids at least 6 hours prior to surgery. Clear fluids (water, glucose water, plain tea or coffee) are usually permissible up to two hours before surgery, but check with your doctors first.

## c. Arrival to UMMC

You will need to register at the admission counter on Level 1, Menara Selatan (South Tower), UMMC. You will then be directed to the relevant ward.

## C. AFTER THE SURGERY

### a. Bleeding

Some bleeding per rectal is expected especially after bowel movements. This may continue for up to a month after surgery. It is also quite common to have some mucus discharge during the first few weeks after surgery. It may be helpful to wear a sanitary pad in your underwear during this period.

### b. Pain

Depends on the surgical procedure, mild to moderate amount of pain or discomfort might be experienced during the first 3 days after surgery. However, you should be relatively comfortable about a week to ten days after the operation. Pain control medication will be prescribed at discharge and should be used as directed.

### c. Difficult to Pass Urine

Some patients may experience difficulty in passing urine after surgery. If this happens, it is important to ensure that you take your pain medication as ordered, sit in a warm bath, or have a shower and attempt to pass urine while relaxed. If this does not help and you are in discomfort, go to your nearest hospital with an emergency department.

### d. Avoid Constipation

- It is important to take the stool softener medication / laxative your surgeon ordered until you are having regular, soft, formed bowel movements.
- Increase fiber in your diet, and drink plenty of water (6-8 glasses of water per day).
- Besides, try to increase your daily activity once you are comfortable as it helps in avoiding constipation. If you are experiencing loose, frequent bowel actions stop the laxative.

### e. Activity

- There are no restrictions on your normal daily activities; you can do whatever causes you no discomfort. Avoid being sedentary, walking is good for your post-operative recovery.
- However **do not do any heavy lifting or strenuous activity for 7-10 days** (to help reduce the chance of bleeding and facilitate healing).
- You may drive when you feel comfortable and in no way feel limited in your driving ability because of surgery.

- Activities such as working behind a desk can resume as soon as you are comfortable. Return to strenuous physical work or sport will depend on the surgery you have had and may be up to four to six weeks after surgery or advised by your doctor.

### f. Anal care

- Keep the anal area clean and dry, wear a soft absorbent sanitary pad in your underwear – change this several times a day
- Take warm baths 3 – 4 times a day, especially after bowel movements, no additives are necessary. The water temperature should be as warm as you can tolerate – but check the water temperature with your elbow to make sure that it is not too hot. The baths are cleansing while both soothing and relaxing. A plastic basin that fits in the toilet is also an alternative as is using a hand held shower hose to gently irrigate the area.
- You may find using a pre dampened toilet tissue or alcohol free wet wipes more comfortable than dry paper for gently cleaning yourself.

### g. Bowel movements

- Do not strain during a bowel movement, it is best to wait for the urge.
- Try not to sit for prolonged periods on the toilet.
- Continue with good bowel habits i.e. high fibre diet (include a fibre supplement such as Metamucil if necessary), drink 6 – 8 glasses of water per day and maintain an active lifestyle.

### h. Diet

There is no restriction to your diet – a well-balanced, high fibre diet and adequate fluid intake (i.e. 6 – 8 glasses of water a day) is very important.

## D. COMPLICATIONS TO WATCH OUT FOR AT HOME

**Call your doctor if you have any of the following symptoms:**

- YOU EXPERIENCE PROLONGED OR PROFUSE BLEEDING WITH PASSAGE OF CLOTS, please go direct to a hospital facility with an emergency department. Try and apply firm pressure to the area.
- Anal / rectal pain is not relieved by the pain relief medication you have been prescribed or is getting more severe in nature.
- You have a temperature above 38° C.
- You experience fever or chills and sweating
- You experience nausea and vomiting which does not settle.
- Inability to pass urine within 12 hours if you went home on the same day as your operation. If unable to contact your doctor please go to your nearest hospital with an emergency department
- Anal discharge is increasing, purulent and offensive.

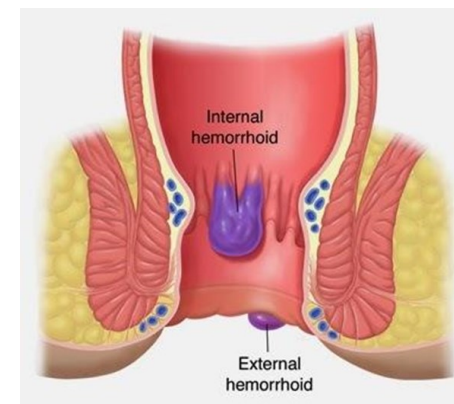
## E. USEFUL CONTACT NUMBERS

Colorectal Team : Email: crtumm@gmail.com  
General Surgery Clinic (Monday - Friday) : 03 79492736  
General Surgery On-call Team (for emergencies) : 03-79494422 - request to speak to on-call general surgery team member

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**UNIVERSITY  
OF MALAYA**  
**MEDICAL CENTRE**



# HAEMORRHOID

## A. GENERAL INFORMATION

### 1. Introduction

#### a. What is a haemorrhoid?

Hemorrhoids are also known as 'piles' in general term. They are tissue in the anus that contains blood vessels that commonly help with continence. Sometimes they don't cause symptoms but at other times they may cause itching, discomfort and bleeding.

It is a very common condition. They may result from straining during bowel movements or from the increased pressure on these veins during pregnancy. There are two main types of haemorrhoids: internal haemorrhoid and external haemorrhoid.

**Internal hemorrhoids.** Internal haemorrhoids are located inside the anus, which can't be seen or felt usually. Painless bleeding is the most common symptom for internal haemorrhoid. Occasionally, straining can push an internal hemorrhoid through the anal opening, which is known as 'prolapse'.

There are different grades of internal haemorrhoid based on the degree of prolapse: -

**Grade 1:** No prolapse. Main symptom may be just painless bleeding.

**Grade 2:** Prolapse that goes back in on its own.

**Grade 3:** Prolapse that must be pushed back in by the patient.

**Grade 4:** Prolapse that cannot be pushed back in by the patient.

**External haemorrhoids.** These haemorrhoids are located under the skin around your anus and will be visible from outside. When irritated, external haemorrhoids can itch or bleed. Occasionally, if a blood clot or thrombosis develops in this area, pain can be constant and severe.

### b. What are the common symptoms of haemorrhoid?

Common symptoms of haemorrhoid may include: -

- Painless bleeding during bowel movements. The bleeding is usually bright red in colour, and can be either in small amount found on toilet paper or streak on the bowel motion. Occasionally the bleeding can be significant and in large amount.
- Itching or irritation in your anal region
- Pain or discomfort
- Swelling around your anus
- A lump near your anus, which may be sensitive or painful (may be a thrombosed hemorrhoid)

### c. Can haemorrhoid turn into cancer?

There is no evidence to show that haemorrhoid can lead to cancer. However, the symptom of haemorrhoid and colon / rectum cancer can be quite similar. So, it is important not to assume all rectal bleeding is due to hemorrhoids, especially if you are over 40 years old. Rectal bleeding can be the symptom of other more dangerous diseases, including colorectal cancer and anal cancer.

It is important to consult a doctor if you have bleeding along with a significant change in bowel habits or stools consistency. You may need emergency consultation if you experience large amounts of rectal bleeding, giddiness or faintness.

## 2. Prevention and Treatment

### a. Anyway to prevent haemorrhoid?

Some of the tips to prevent haemorrhoid or to reduce the symptoms of haemorrhoid include:

- Increasing your dietary fiber (20-35 grams of fiber per day in the diet)
- Consider fiber supplement one to two times per day, if your dietary fiber is inadequate
- Drink plenty of fluids (consider 8-10 glasses daily)
- Avoid excessive straining
- Exercising

### b. What are the treatments of haemorrhoid?

Mild symptoms can be relieved by increasing amount of fiber and fluid in the diet. Prevent excessive straining during bowel movements. A sitz bath (sitting in plain warm water for 10 minutes) can also provide some relief.

With these measures, the pain and swelling will decrease in two to seven days. Further attention and treatment might be necessary if the symptom is severe or doesn't resolve with these simple measures.

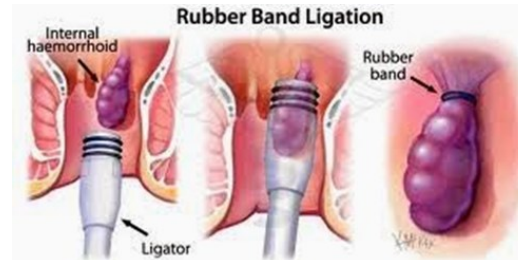
Treatment of haemorrhoid can be divided into office-based treatment and surgical (operative) treatment. The decision of the type of treatment usually depends on the main symptoms of the haemorrhoid and its severity.

### Office-Based Treatment for Internal Haemorrhoid

The most commonly used office procedures are rubber band ligation, infrared coagulation, and sclerotherapy. These treatment options are for internal hemorrhoids only and do not apply to external hemorrhoids.

#### i) Rubber Band Ligation

- It is commonly used for grade 1, 2 and certain grade 3 internal haemorrhoid.
- The procedure involving your doctor placing rubber band at the base of the prolapsed haemorrhoidal tissue to cut off the haemorrhoid's blood supply.
- The haemorrhoid will then fall off after several days.
- The procedure may need to be repeated for several times before complete relief of symptoms.
- Some patients may feel some dull ache or rectal pressure lasting for first few days after the banding session.



#### ii) Injection of Sclerosant / Infrared Photocoagulation

- These methods are usually used for grade 1 and 2 haemorrhoid with main symptom of bleeding.
- Injection of sclerosant involves the injection of chemical irritants into the haemorrhoid to induce scarring and shrinkage of the haemorrhoidal blood vessels.
- Infrared photocoagulation uses infrared radiation to convert heat to haemorrhoidal tissue in order to shrink it.

Both of these methods are office-based but may be less effective than rubber band ligation.

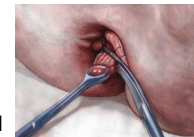
### Surgical Treatment of Haemorrhoids

Surgical treatment is only indicated for patients whose symptoms do not improve with other non-surgical treatment as described, or for patients with symptomatic grade 3-4 haemorrhoids.

#### The options of surgical treatment include:

##### i) Haemorrhoidectomy

- This means surgical removal of the haemorrhoidal tissue using different techniques and instruments.
- The excess haemorrhoidal tissue is removed surgically and the wound may be left open or closed with suture.
- This procedure needs to be performed in an operating theatre under general anaesthesia (patient will be completely asleep), or under spinal anaesthesia (patient will stay awake).
- This procedure is generally more painful than other office-based treatments like rubber band ligation or stapling haemorrhoidoplasty but it is the most complete method for removal of internal haemorrhoid with lowest rate of recurrence.



#### ii) Stapled Haemorrhoidopexy

- The procedure involves a special device to staple and remove internal haemorrhoidal tissue.
- The procedure is generally less painful than traditional haemorrhoidectomy but it is associated with a higher rate of recurrence.
- Similar to haemorrhoidectomy, stapled haemorrhoidopexy needs to be performed in the operating theatre under general or spinal anaesthesia.

#### iii) Laser Haemorrhoidoplasty

- This is a relatively new procedure involving the use of laser energy on haemorrhoidal tissue during the operation.
- The laser energy aims to induce closure of blood vessels in haemorrhoidal tissue that may lead to its shrinkage in size.
- This method is less painful than most other surgical treatments but may not be suitable for all grades of haemorrhoid.
- The recurrence rate may be higher than traditional haemorrhoidectomy.

All operative procedures for haemorrhoidal disease carry their own set of risks and benefits and the ultimate choice of procedure must be made between you and your surgeon.

## B. BEFORE THE SURGERY

### 1. Pre-admission clinic procedures

You will have been reviewed by the surgical team who will have confirmed the indication for the procedure, and briefed you on what it involves. Depending on your health and the complexity of your operation, you may be referred to the pre-anaesthetic clinic, so that any medical issues can be sorted out beforehand. Both surgical & anaesthetic teams will want accurate information on:

#### a. Details on your health

Important details to inform your doctors include whether you have any conditions like diabetes mellitus, hypertension, heart, lung or kidney disease, or have had any hospitalizations or operations in the past, as well as any complications that may have arisen. This would include any difficulties in childbirth, for women. Your doctors would also want to know about any conditions that run in the family.

#### b. Medications

Your doctors will want to have a complete list of all medications, including traditional/alternative medications/supplements that you are taking. It is important that you inform them of ALL medications that you are taking, as even supplements may interact with the drugs that are needed to perform the operation. Some may cause increased surgical complications such as bleeding or infection. You must also inform your doctors of any ALLERGIES, including to food.

### 2. Preparing for admission

#### a. Advice prior to admission

It is advisable for you to be accompanied during the admission process. Ensure that you have all relevant documents with you (identity card/passport, guarantee letters - employers or insurers etc.), and sufficient funds for the deposit. If you have trouble walking long distances, it is advisable to bring/request a wheelchair.