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**Dr Hugh P McGregor**

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**General, Laparoscopic & Robotic Surgeon**

**Proctologist**

**SELECTIVE HAEMORRHOID STAPLING**

What to expect during and after your surgery:

1. **ANAESTHETIC**: You will be having a full General Anaesthetic for your surgery. If you have had issues before with post-operative nausea and vomiting, have drug allergies or have had anaesthetic complications previously please inform your Anaesthetist prior to Surgery when you are being interviewed by them. The Anaesthetist will provide a separate quote prior to the surgery for their services. Your Anaesthetist will provide a prescription for post-operative pain relief and nausea if required.
2. **OPERATION**: During the operation Dr McGregor will place long acting local anaesthetic into your bottom and you should wake up pain free or with minimal discomfort. That tends to last for 6-10 hours.
3. **PAIN**: Pain is generally the most intense for the first 48 hours after your operation and will gradually improve on a day to day basis. Some patients have pain for longer but this always resolves. You will be discharged with plenty of pain relief and can always request more if required.
4. **MEDICATIONS**: You will discharged with a prescription for several medications. Metronidazole is an antibiotic and should be taken three times a day until finished. We have found that the best pain relief for this procedure is Mersyndol Forte (max 8/day because they contain Paracetamol) and Voltaren (three/day with food). This should be commenced as soon as pressure or pain commences several hours after your surgery. You will also receive a prescription for Endone for pain that is persistent after taking other medications. You should start Movicol (1-2/day) the day following your surgery to keep bowels soft and prevent constipation.
5. **DRESSINGS**: You will have a pad taped to your bottom which can be removed at your leisure. There is a special dressing inside your bottom which you will pass like a small slimy stool.
6. **PASSING URINE**: A common problem after any bottom surgery is the inability to pass urine. As you are often dehydrated you may not pass urine for 6-12 hours after surgery. We have found that the best way to manage this is to minimise oral intake of fluids until you have passed urine. Running the tap, showering and a warm bath can also encourage urination. Once you have passed urine you should not have significant issues. Unfortunately some patients cannot pass urine and require emergency catheterisation at your local Emergency Department. If this occurs please advise Dr McGregor and he will arrange removal after 48 hours.
7. **CONSTIPATION:** It is easier to prevent constipation than treat it afterwards. Please take the Movicol for the first week. If you have not opened your bowels after two to three days please purchase a Fleet Enema from your chemist. This is very effective in encouraging bowel clearance. Constipation is very rare if you had a colonoscopy with your procedure.
8. **DISCHARGE AND DRIVING**: You will be in hospital for either day surgery or one night. You cannot drive home from hospital yourself. You can drive again when moving normally, are not taking any opioid pain relief and can fully control a vehicle. This is different for every patient but will take at least 3-5 days.
9. **WORK:** You should take a week off work depending on your occupation. For physical jobs you may need longer. Please discuss this with Dr McGregor.
10. **BATHING:** If you have had skin tags removed the area will be very stingy for the first 5 days and it will take several weeks to heal. Warm baths with Epsom salt are very soothing for this pain. Dr McGregor has small Sitz baths that can be inserted into the toilet to make this easier. They are $30 and can be purchased from his office or he will bring them on the day of your operation. Sudocrem, a nappy rash cream, is also very soothing, especially before and after bowel motions. A multivitamin high in Zinc will also encourage early healing.
11. **DIET:** Following the operation you can eat normally however a low fibre diet for the first week reduces the production of stool that needs to be passed.
12. **ACTIVITY**: We have found that the fastest way to recover is that you rest for the first two to three days after surgery and then get moving. There is no way that the operative site or wounds can be damaged by normal activities that do not involve significant heavy strain. Walking, shopping, and light house activities are all reasonable in the first week or two. It is important to get moving after the first few days as this will accelerate your recovery.
13. **SPORTS:** There are no restrictions on sporting activities after the first 4 weeks. Prior to that we suggest introducing sporting activities gently and follow the simple rule

**“ If it hurts, don’t do it”…** Be mindful that the most strain on your bottom occurs during squatting exercises and under heavy strain.

1. **FOLLOW UP AND SUPPORT**: Dr McGregor’s Nurse Practitioner, Tanya, will call you on the Friday the week after your surgery to see how you are going and to answer any questions. Tanya will also call you after 6 weeks to see if you are having any problems. Dr McGregor does not generally see you before 6-8 weeks as this is how long it takes for patients to settle down and recover fully. If you have any major concerns please either call Dr McGregor directly or make an appointment to see him on (07) 3910 5150.
2. **DR MCGREGOR**: All patients are welcome to ring or text Dr McGregor at any time if you are concerned about your operation or have any issues or questions. Haemorrhoid surgery is unique because you cannot rest your bottom while you are recovering and you often need some extra care to recover from the operation. Please let Dr McGregor know if you are having any problems, reactions to medication, or need extra pain relief. Prescriptions can easily be faxed to your local chemist. Because the operation and recovery takes 6-8 weeks Dr McGregor doesn’t routinely see everyone in the immediate weeks after surgery. We recognise that some patients don’t have a smooth recovery or like to have the reassurance of surgical review and we encourage any patients with concerns or issues to contact Dr McGregor in the first instance.
3. **COMMON ISSUES:** 
   1. *I have to go to the toilet as soon as I feel the urge:* Faecal urgency is a frequent and normal issue in the first fews weeks after surgery and always improves over time.
   2. *I am passing very small stools frequently*: The inside of your rectum is very swollen and oedematous following the surgery. This swelling will go down over the first few weeks and return to normal
   3. *I am going to the toilet 6-8 or more times a day*: Having this operation can often throw your bowel habit out. Cease using stool softeners immediately and commence on Metamucil, two teaspoons in a glass of water twice a day. This will slow your bowels down and return your bowel habit to normal. If the diarrhoea is severe please also add Gastrostop (Immodium) initially. If concerned please contact Dr McGregor for advice.
   4. *I have taken the Movicol but it isn’t working*: You may need to change to Coloxyl and Senna tablets if Movicol is ineffective. If there has been no bowel motion for several days then a Fleet Enema can be purchased from the chemist and is very effective at clearing things out. If you need advice please contact Dr McGregor.
   5. *I have recovered but I find I have a ache for several hours after bowel motions*: Please contact Dr McGregor for advice.
4. **RISKS**: Haemorrhoid surgery is very safe and Dr McGregor has performed over 2000 proctological procedures. Unfortunately no surgery is risk free in spite of the skill of the experts involved.

Complications are rare and include (but are not restricted to):

Bleeding Infection Staple line failure

Recurrence Rectovaginal fistula Chronic pain

Sphincter injury Incontinence Cosmetic deformity

DVT/PE Anaesthetic Complications