Minor anorectal surgery

At Addenbrooke's, we operate on skin tags, fibroepithelial polyps, external haemorrhoids and some types of warts.

What preparations are required before surgery?

Before your admission, you should be on a high-fibre diet and a fluid intake of at least 6–10 glasses of water daily to keep your bowel motion soft. Just before your surgery, a nurse might give you an enema to empty the bowel.

What kind of anaesthetic will I have?

Several different kinds of anaesthesia can be used, and the method will be tailored to your particular needs and wishes. The anaesthetist will discuss the options with you. If you have a general anaesthetic, you will be asleep for the entire operation. Some patients are better suited to a spinal or caudal anaesthetic. This is a small injection in the lower back to numb the area so that you will not feel the surgery. If you have a spinal or caudal anaesthetic, you will be conscious and able to talk to the anaesthetist during the procedure. Many patients who undergo day-case surgery or 23-hour-stay surgery will not require a general anaesthetic. Instead, controlled sedation and the injection of a local anaesthetic can allow the operation to be performed painlessly and a rapid recovery. Most patients who have had sedation do not remember the surgery taking place.

What do these operations entail?

The details of the surgery depend on your particular problem. If tissue needs to be removed, you will either have one or more small, open wounds or the skin will be closed with absorbable stitches (sutures). Apart from protective gauze, no special dressings are normally required. Healing in this area is rapid, and is not affected by bowel actions.

Will this surgery be painful?

In order to minimise the pain associated with your operation, a number of measures will be taken:

- at the time of surgery, a local anaesthetic will be injected; this will provide pain relief for much of the day
• after surgery, you will be given painkillers to take by mouth
• to prevent constipation, you might be given a laxative to take for two weeks after the operation
• you may have sitz baths (a 15-minute bath in water as warm as you can tolerate) several times daily, or as often as you require them; these are very soothing and can provide several hours of pain relief

What should I expect after this operation?

Within one to two hours of your operation, you will be encouraged to get up and walk around (with assistance). You may eat and drink normally, and we recommend a high-fibre diet and fluid intake of at least 6–10 glasses of water daily. For planned day-case surgery, you will be discharged from hospital on the same day, or the following day. You should expect to pass faeces within one to three days, and this might be uncomfortable at first. A small amount of bleeding is expected. Provided you feel comfortable, there are no restrictions on activity and you may lift things, drive and go back to work.

What can go wrong?

Minor anorectal procedures are generally very safe and are associated with few risks, but (as with any surgical procedure) complications can occur occasionally. Therefore, after your operation, you should contact your general practitioner, the specialist nursing staff or the ward if you notice any of the following problems:

• increasing pain, redness, swelling or discharge
• severe bleeding
• constipation for more than three days, despite using a laxative
• difficulty in passing urine
• high temperature (over 38ºC) or chills
• nausea or vomiting