Patient information and consent to haemorrhoidectomy

Key messages for patients

- **Please read your admission letter carefully.** It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- **Please read this information carefully,** you and your health professional will sign it to document your consent.

- **It is important that you bring the consent form with you when you are admitted for surgery.** You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- **Please bring with you any medications you use and its packaging (including patches, creams, inhalers, insulin and herbal remedies) and any information that you have been given relevant to your care in hospital, such as x rays or test results.**

- **Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.**

- **You should start to take a mild laxative such as milpar or lactulose (20mls twice a day) from two days prior to the operation.**

- **Please call our colorectal specialist sister on 01223 217923 or speak to the doctor or ward staff when you come to the hospital if you have any questions or concerns about this procedure or your appointment.**

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

**Important things you need to know**

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the responsible health professional, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.
About haemorrhoidectomy

Your surgeon has recommended that you undergo an operation to remove your haemorrhoids (piles). Surgery is required for certain types of haemorrhoids, or where other forms of treatment have not been able to control the symptoms.

Haemorrhoids (piles) are small, blood-filled cushions located just inside the back passage (internal haemorrhoids) but can sometimes form outside the anus (external haemorrhoids). Problems with haemorrhoids are very common, but the symptoms often disappear without any treatment. Haemorrhoids may cause bleeding from the back passage, anal discomfort or itchiness, discharge of mucus, or prolapse with a lump coming through the anus. Very occasionally, blood clots inside a haemorrhoid and causes a painful hard lump on the outside of the anus (thrombosed external haemorrhoid). Risk factors for developing haemorrhoids include straining at stool, constipation, low fibre diets, obesity and pregnancy. The main ways to avoid having problems with haemorrhoids are to eat a high fibre diet and to avoid straining at stool.

Intended benefits

Haemorrhoidectomy removes troublesome haemorrhoids including the external component/skin tags. It therefore controls both bleeding and prolapse.

Who will perform my procedure?

This procedure will be performed by a surgeon with appropriate experience – usually a consultant or senior specialist registrar. A more junior surgeon in training may carry out the procedure but only under supervision of a more experienced surgeon.

Before your admission

Before your operation you will need to attend the pre-assessment clinic, which is usually run by specialist nurses; occasionally this process can be conducted by telephone. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time. You may have a blood test and ECG performed, and also swabs for MRSA.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you.

This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.
Day of surgery admission

Most people who have this type of procedure have it performed as a day case procedure. You may need to stay overnight if you have other medical problems.

You will be admitted on the day of your surgery. You should start to take a mild laxative such as milpar or lactulose (20mls twice a day) from two days prior to the operation. Just before surgery the nurse may give you an enema to empty the bowel.

Hair removal before an operation

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

It may be necessary during the procedure to shave another area of your body e.g. your thigh to allow attachment of a pad for the diathermy machine (used to seal blood vessels), so that the pad sticks to your skin to achieve the best and safest performance.

During the procedure

At the start of your procedure, you will be given the necessary anaesthetic and/or sedation - see below for details of this.

Haemorrhoids usually have an external component outside the anus as well as the main component inside the anal canal. Depending on the number of piles, these are removed in two to four separate areas. The tissues may then be closed with a stitch or the wounds may be left open. Most of the stitch lies inside the anal canal but some will be on the outside. The stitch dissolves over a period of two to four weeks. No special dressings are required.

After the procedure

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.
**Eating and drinking.** You may eat and drink normally, and we recommend a high fibre diet and fluid intake of at least six to ten glasses of water daily.

**Getting about after the procedure.** We will encourage you to get up and walk about within one to two hours after your operation. This helps improve your recovery and reduces the risk of certain complications. If you have any mobility problems, we can arrange nursing or physiotherapy help.

**Leaving hospital.** Discharge from hospital will be the same day (for planned daycase surgery) or the following day. You may be given a copy of your discharge summary which contains documentation of your admission. You will be given necessary tablets or medicines to take home with you – for example, painkillers and laxatives. You should expect to have your bowels open within two to three days and this will be uncomfortable at first. Please use the laxative you will be given to help reduce any discomfort on having your bowels open.

**Special measures after the procedure:** A small amount of bleeding is expected. Over the first few weeks you may notice some change in your ability to control wind; this will resolve. Provided you feel comfortable, there are no restrictions on activity and you may lift, drive and go back to work.

Sometimes, people feel sick after an operation, especially after a general anaesthetic and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.

**Pain relief and wound care**

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

- at the time of surgery, local anaesthetic is usually injected. This will provide pain relief for much of the day.
- you will be given painkillers to take by mouth
- you will be given a laxative for two weeks after the operation to prevent constipation
- 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 provide several hours of pain relief.

It is not necessary to have special dressings after haemorrhoidectomy. There may be some ooze from the wound and so a pad in your underwear is advisable. You may wash normally as often as you like. If sutures have been used they will eventually disintegrate or sometimes fall out. Do not be alarmed if there is some redness and/or separation of the skin edges of a wound. Commonly it is painful to have your bowels open after the procedure but after that things improve significantly. The wounds may take 4-6 weeks to heal completely.
Check-ups and results: If required you will be sent a follow-up appointment for the clinic, usually at between six and eight weeks after the surgery.

Significant, unavoidable or frequently occurring risks of this procedure

Haemorrhoidectomy is generally a very safe operation with few risks, but, as with any surgical procedure, complications do occasionally occur; about 2% patients need to have a second anaesthetic to attend to a complication. Immediately after the operation, a few patients find it difficult to pass urine and a catheter may be required to empty the bladder. Around 5% of patients experience more bleeding than usual and this may need re-admission to hospital for observation or, rarely, another operation. Infection is very rare. The sutures that are placed sometimes separate, leaving an open wound: do not be concerned if this happens as healing will still take place. In the long term, recurrence of symptoms is rare although a few patients develop skin tags. Rarely, scarring can cause narrowing of the anus.

If you suffer from urinary symptoms due to a large prostate you might be at increased risk of urinary problems after surgery.

In the period following your operation you should contact your ward or GP 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 38º or chills
- nausea or vomiting.

Alternative procedures that are available

Haemorrhoidectomy is generally only recommended when outpatient treatment has failed or is not suitable. There are a variety of other methods for surgical treatment of haemorrhoids but we do not favour any of these at present.

Anaesthesia

Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness. Sometimes different types of anaesthesia are used together.

Before your operation

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery.

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To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and may review your test results.

**Pre-medications**

You may be prescribed a ‘premed’ prior to your operation. This a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.

**Moving to the operating room or theatre**

**Before starting your anaesthesia the medical team will perform a check of your name, personal details and confirm the operation you are expecting.**

You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted and you may be asked to breathe oxygen through a face mask.

It is common practice nowadays to allow a parent into the anaesthetic room with children; as the child goes unconscious, the parent will be asked to leave.

**General anaesthesia**

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

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Regional anaesthesia

Regional anaesthesia includes epidurals, spinals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you.

Spinal or caudal anaesthetic

For some operations on the rectum/anus, a spinal anaesthetic can be used instead of a general anaesthetic. A spinal anaesthetic may be safer for some patients and be a more suitable anaesthetic than a general anaesthetic.

What is a spinal? A local anaesthetic is injected through a very fine needle into the small of your back. This will numb the nerves around your bottom and the back of your legs. Normally you will also have some light sedation so that you are not so aware of the operation. The amount of sedation can be adjusted so that you are not anxious and have reduced awareness without being unconscious. You should not feel any pain during the operation but you may be aware of other sensations.

Advantages of spinal anaesthesia

There may be:
- less strain on the heart and lungs
- reduced sickness and vomiting
- excellent pain relief immediately after surgery
- less risk of injury when you are put into the position for your surgery

After your spinal: You will return to the ward and can normally drink fluids and eat a light diet within an hour of the operation. You will remain in bed until you have full muscle power back in your legs. Please ask for help when you first get out of bed.

As sensation returns you may experience some tingling in the skin as the spinal wears off. If you become aware of some pain from the operation site then you should take some pain relief. You should tell the ward staff about any concerns or worries that you have.

Side effects and complications

As with all anaesthetic techniques there is a possibility of unwanted side effects or complications.

Uncommon side effects include:
- Headache – when the spinal wears off and you begin to move around there is a risk of developing a headache.
• Difficulty passing water (urinary retention) – you may find it difficult to empty your bladder normally as long as the spinal lasts. Your bladder will work normally when the spinal has worn off.
• Pain during injection – occasionally you may feel pain or ‘pins and needles’ in your legs or bottom during the injection. You should tell your anaesthetist immediately as this may indicate irritation or injury to a nerve and the needle will have to be repositioned.

Rare complications
Nerve damage – This is a rare complication of spinal anaesthesia. There may be temporary loss of sensation, pins and needles and sometimes muscle weakness that may last for a few days or even weeks but almost all make a full recovery in time. Permanent nerve damage is even more rare and has about the same chance of occurring as major complications of general anaesthesia.

Local anaesthesia
In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut. Usually a local anaesthetic will be given by the doctor doing the operation.

What will I feel like afterwards?
How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia. When the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of anaesthesia?
In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.
Very common (1 in 10 people) and common side effects (1 in 100 people)
Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
Itching
Aches, pains and backache
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss

Uncommon side effects and complications (1 in 1000 people)
Chest infection
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications
Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.
Information about important questions on the consent form

1 Creutzfeldt Jakob Disease ('CJD')

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue

As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Information and support

Please contact our colorectal specialist sister on 01223 217923, or speak to the doctor or a member of the ward staff, if you have any questions or concerns.

Privacy & Dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: 
patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

Authors: Consultant Colorectal & General Surgeon
Department: Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
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A Patient’s side

Consultant or other health professional responsible for your care

Name and job title: .................................................................

☐ Any special needs of the patient (e.g. help with communication)? ..............................................

Please use ‘Procedure completed’ stamp here on completion:

For staff use only:

Hospital number:
Surname:
First names:
Date of birth:
NHS no: ______________________
Use hospital identification label

B Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital’s consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)
   to control both bleeding and prolapse

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

   • immediately after the operation, a few patients find it difficult to pass urine
   • more bleeding than usual
   • recurrence of symptoms is rare although a few patients develop skin tags
   • sutures that are placed sometimes separate, leaving an open wound
   • scarring can cause narrowing of the anus.

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
Consent Form

Haemorrhoidectomy

d) any extra procedures that might become necessary during the procedure such as: □ Blood transfusion □ Other procedure (please state)

2 The following information leaflet has been provided: Haemorrhoidectomy


or □ I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve: □ General and/or regional anaesthesia □ Local anaesthesia □ Sedation □ None

Signed (Health professional): Date: D.D./M.M./Y.Y.Y.

Name (PRINT): Time (24hr): H.H.: M.M.

Designation: Contact/bleep no:

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding. Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional. □ Yes □ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. □ Yes □ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. □ Yes □ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training. □ Yes □ No
Consent Form

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4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

☐ Yes ☐ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

☐ Yes ☐ No

I have listed below any procedures that I do not wish to be carried out without further discussion.

__________________________________________________________________________

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Name of patient (PRINT): ..................................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.

Signed: .................................................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): ................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT): ..................................................
Address:

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

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File: in the procedures and consents section of the casenotes
Haemorrhoidectomy

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ..................................................  Date: ...D./.../.../.../.../.../...

Name (PRINT): .............................................................................. Job title: ...........................................................

Please initial to confirm all sections have been completed:

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ...............................................................  Date: ...D./.../.../.../.../.../...

Name (PRINT): ..............................................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ...............................................................  Date: ...D./.../.../.../.../.../...

Signed (Health professional): ..................................................  Date: ...D./.../.../.../.../.../...

Name (PRINT): .............................................................................. Job title: ...........................................................