

HEMORRHOID PROCEDURE

Hemorrhoids are swollen and inflamed blood vessels in the rectum and anus underneath the skin, from pregnancy, straining at stool, constipation, prolonged sitting, or heavy lifting. Hemorrhoids can be internal (inside the rectum) or external (protruding outside the anus) or both. They can be Grade I - 4. (INSERT CHART)

Hemorrhoid treatment options vary depending on the severity of the condition and can range from non-surgical to surgical procedures. **Rubber Band Ligation (RBL)** is a common non-surgical method used for smaller Grade 1-3 internal hemorrhoids, where a band is placed around or just above the hemorrhoid to cut off its blood supply, causing it to shrink. For more severe cases, Severe Grade 3 and 4, a **hemorrhoidectomy** is often performed, which involves the surgical removal of the hemorrhoidal tissue, providing effective relief but with a longer recovery period and potential risks like pain and infection. **Laser Hemorrhoidoplasty** is a minimally invasive alternative that uses laser energy to treat hemorrhoids with a shorter recovery time and fewer complications. Another procedure may involve a **Removal of Rectal Prolapse**, which involves removal of some of the rectum and cutting off the blood supply to the hemorrhoids and lifting them back into place, reducing prolapse symptoms. Patients may require more than one procedure, tailored to the patient's specific condition, aiming to relieve symptoms and improve quality of life.

Treatment Options

There are several treatment options available for hemorrhoids, ranging from non-surgical to surgical interventions. The choice of treatment depends on the severity of the hemorrhoids and the patient's overall health. In our clinic we offer the following:

Non-Surgical Treatments:

- 1. Medical Management.**

We advise all patients to take adequate fibre and fluids to result in the least effort to pass stool everyday. Sometimes this may require medicines to help stimulate the bowel movements and reduce constipation. We can also prescribe prescription grade medications in the form of suppositories, creams, and tablets. Lifestyle changes including avoiding prolonged sitting, heavy weight lifting, and cycling is also advised.

- 2. Rubber Band Ligation (RBL) PICTURE**

A rubber band is placed around the base of the hemorrhoid, cutting off its blood supply, which causes it to shrink and the band to fall off by itself. This procedure is relatively quick and may require multiple sessions. The risks are low but the recurrence rate is high.

Surgical Treatments:

3. **Milligan-Morgan Hemorrhoidectomy and/or Ablation in the Clinic**

A less extensive version of the traditional hemorrhoidectomy is performed in a clinic. It is typically used to treat one or more hemorrhoids to partially treat the entire anus.

During a Milligan-Morgan hemorrhoidectomy, the hemorrhoidal tissue is excised, and the wound is partially closed with sutures, leaving the external apex open to allow for drainage. Sometimes, instead of performing a full hemorrhoidectomy, we can also treat the hemorrhoids by cautery or ablation, without requiring sutures to close the wound.

Most patients can expect mild to moderate swelling and pain post-operatively, with recovery taking about 2-8 weeks.

4. **Laser Hemorrhoidoplasty**

This is a minimally invasive procedure that uses laser energy to treat almost all the hemorrhoids seen from the inside out. It offers a shorter recovery time and a lower risk of complications compared to traditional surgery. The procedure is typically well-tolerated. Post-operative pain and swelling are generally mild, and most patients return to normal activities within a few days to 4 weeks.

5. **Mucopexy/THD (Transanal Hemorrhoidal Dearterialization)**

This is a minimally invasive procedure used to treat hemorrhoids by cutting off their blood supply, causing them to shrink. During the procedure, the hemorrhoidal tissue is also lifted back into its normal position, effectively reducing prolapse and alleviating symptoms like bleeding and discomfort. This procedure is performed with minimal pain, offers a quicker recovery time compared to traditional surgery, and carries a lower risk of complications. We reserve THD/Mucopexy for patients with significant prolapse, often in conjunction with hemorrhoidectomy and laser hemorrhoidoplasty, to achieve the best results.

Symptoms and Complications

After hemorrhoid surgery, swelling, bleeding, and pain are common and expected during the recovery period, especially during bowel movements. While most patients recover without significant issues, there are potential complications to be aware of. Post-operative pain is often the most prominent issue, lasting several days to weeks. Bleeding can occur, sometimes persistently, requiring additional medical attention. Infections at the surgical site may develop, leading to symptoms like redness, swelling, and fever, and in some cases, an abscess may form. Another possible complication is anal stenosis, where scarring causes narrowing of the anal canal, making bowel movements difficult. There is also a small risk of temporary or long-term incontinence, where control over bowel movements may be compromised. Urinary retention can occur due to pain or the effects of anesthesia, sometimes necessitating catheterization. Other potential issues include blood clot formation (thrombosis) around the anus, delayed wound healing, and, in rare cases, the development of a fistula, an abnormal connection

between the anus and another part of the body. Although hemorrhoid surgery is generally effective, there is a chance of recurrence, where hemorrhoids may return over time. To minimize this risk and ensure optimal recovery, it is crucial to attend follow-up appointments and make necessary lifestyle changes, such as adopting a high-fiber diet, staying hydrated, and avoiding prolonged sitting or heavy lifting.

These complications can occur with any hemorrhoid procedure, and even without treatment, many of these issues can arise due to the hemorrhoids themselves. However, the risk of complications varies depending on the procedure. The highest risk is associated with more invasive treatments like hemorrhoidectomy, which involves the surgical removal of hemorrhoidal tissue. However, in our clinic, we can significantly reduce this risk by performing multiple limited diathermy hemorrhoidectomies over time, which minimizes the extent of surgery and allows for safer recovery. On the other hand, the least risk of complications is found in minimally invasive procedures like Rubber Band Ligation (RBL), laser hemorrhoidoplasty, and THD/mucopexy, which offer effective treatment with fewer side effects and quicker recovery times.

Alternatives to Treatment

Patients may manage their hemorrhoids through lifestyle changes such as a high-fiber diet, increased fluid intake, and avoiding prolonged sitting or heavy lifting. For those preferring to avoid surgery, non-surgical options like sclerotherapy or cryotherapy can be considered, though these are typically more effective for smaller or less severe hemorrhoids. For more severe cases, a traditional hemorrhoidectomy performed in a hospital may be necessary. This procedure involves surgically removing the hemorrhoidal tissue and is highly effective but comes with a longer recovery period and a higher risk of complications, such as pain, infection, and anal stenosis. Another surgical option is a staple hemorrhoidectomy, where a stapling device removes a portion of the hemorrhoid and staples the remaining tissue back into place, offering less post-operative pain and quicker recovery, though with a potential risk of recurrence. The surgical alternatives are exhaustive, and are more extensive but can provide significant relief for severe hemorrhoids, though with an increase risk of complications and longer recovery time, still making them an important consideration for patients with advanced conditions.

Other Information

It is not advisable for patients who are pregnant to undergo surgical procedures, including hemorrhoid treatment during pregnancy, as these procedures may comprise a significant component of fetal risk (including fetal death and malformation).

PATIENT CONSENT

I have been informed by my surgeon/anesthesiologist and/or their assistant(s) and/or clinic staff and understand the following:

6. The nature, purpose and reason for the procedure.
7. The probable discomforts, potential side effects, complications and risks of the procedure and anesthesia.
8. The advantages, disadvantages, risks and possible complications of alternative procedures.
9. The reasonable benefits obtainable by these procedures but acknowledge that each has its limitations, and persistence or recurrence of symptoms can happen.
10. It is impossible to identify every possible complication.
11. The risk these procedures and sedation have on the fetus.
12. I am responsible to inform the health practitioner(s) prior to my procedure of any dental issues as well as any other health issues that may need further assessment and care including but not limited to heart/liver/kidney disease, use of anticoagulants, pacemaker, and previous and current treatments.
13. I am responsible for informing the health practitioner(s) prior to my procedure of any contagious illness I may have including but not limited to Covid, hepatitis, AIDS/HIV.

I also authorize and consent to:

14. Such additional or alternative procedure which may be found to be immediately necessary in the professional judgement of the physicians present during the performance of this procedure, including biopsies, use of supplemental cautery and sutures especially to obtain hemostasis, excise polyps, unroof blood clots, fissurectomy/fissuroplasty, exploration of a fistula, and even to abort the planned procedure.
15. The administration of anesthetic, and to refrain from working, driving a motor vehicle or travelling on my own for 24 hours.
16. The help of doctors and assistants as may be necessary.

Please acknowledge your consent by initialing below for the procedure(s) you are undergoing:

- Rubber Band Ligation _____ (Patient Initial Here)
- Hemorrhoidectomy/Ablation _____ (Patient Initial Here)
- Laser Hemorrhoidoplasty [Cost: _____] _____ (Patient Initial Here)
- Removal of Rectal Prolapse _____ (Patient Initial Here)

If there was anything I did not understand, I raised my concern(s)/question(s), and was given an adequate explanation and completely understand them. I acknowledge that I have read and fully understand the above consent.

Patient Name & Signature Date

Witness/Interpreter Signature Date