Post-Operative Instructions
Hemorrhoidectomy

Comfort Measures
During the first 24 hours after your surgery you can place an icepack over the surgical site. This can help reduce swelling and pain. A warm pack can also be helpful during the recovery period. Hemorrhoid surgery is predictably painful.

Dressings
You will leave the hospital with a cotton gauze dressing (also called a 3×3 or 4×4). This can stay until the morning after your procedure and can be removed while sitting in the sitz bath. It is OK if it comes out any time before the morning or if you need to remove it to go to the bathroom. You will probably want to keep some kind of cotton or other absorbent dressing in this area as you will have some bloody drainage for several days. It is probably easiest to remove any dressing after it is wet (see below…sitz baths).

Sitz Baths
You should plan on taking sitz baths for the first few days following your surgery. A sitz bath is simply immersing your bottom in water. This can either be in the bathtub, shower or in a portable sitz bath (looks like a plastic hat upside down). The nurses will give you a sitz bath before you leave. Plain, warm water (no soaps or salts) is recommended. Ten to fifteen minutes 2-3 times a day is minimum. More frequently is also acceptable. Dressings and baths can be stopped when desired. They are primarily for comfort and convenience; and are not crucial for healing.

Urination
Some people may have difficulty urinating initially. This is usually because it is difficult to relax when your bottom hurts, and not because your bladder is empty. If you feel the need to void, there is usually enough fluid in your bladder. While drinking fluid after surgery is ok, do it because you are thirsty and not because you think it will help to urinate. Filling your bladder beyond a volume that gives you urgency will not help you relax. If you get the urge but are unable to urinate, sit in a warm bathtub of water and try to relax. Occasionally patients who cannot void must go to the Emergency room to get a bladder catheter for a few days. While annoying, this relieves the urgency and distress. If unable to void by 6-8 hours after surgery, or 6:00PM, going to the ER should be considered.

Bowel Movements
Constipation can be a problem after hemorrhoid surgery. Though the first few bowel movements can be difficult, it is better to move your bowels regularly than to become constipated. If after two days you haven’t had a good, relieving bowel movement you can take 1-2 ounces of milk of magnesia, or another mild laxative you know will work for you. If that is not successful then on the third day after surgery start a colonoscopy prep. This consists of 4 Dulcolax tablets followed 1-2 hours later by 238 gram bottle of Miralax mixed in 1/2 gallon Gatorade, consumed over 3-4 hours. This will work with near certainty. If you have a good BM before finishing, it is not necessary to complete.
While it is ok to strain to initiate, achieving a BM is more a function of relaxation when rectal volume is sufficient for the rectum to contract and the pelvic floor to relax. Straining when one cannot relax or when there is insufficient volume may not be effective.

**Medication**
You may resume your usual medications unless instructed to do otherwise.

**Pain Medication**
See separate sheet

**Diet**
To have regular bowel function, you must eat regularly. To help prevent constipation you must deliver volume to the rectum. This is best accomplished with fiber. Stool softeners may keep stools softer but do not change the volume delivered to the rectum and are not as helpful for bowel movements, though it is acceptable to take them in addition to fiber.

The best way to actually consume sufficient fiber is with a high fiber cereal (12-14 grams of fiber per 1/2 cup of cereal). FiberOne, All Bran, 100%Bran, Bran Buds are examples. 1/2 to 1 cup per day is sufficient. Supplements (Psyllium, Metamucil, and Citrucel) are also good, though there is less fiber than a high fiber cereal and one must take 2-4 doses to get the equivalent of a high fiber cereal.

You should also drink plenty of fluid, though should be cautious until after urinating.

If one consumes enough fiber in these forms then one can make food decisions without worrying about fiber. You can eat essentially what you desire.

**Tags after hemorrhoid surgery**
If you have had hemorrhoid surgery you may still notice that you have skin tags around the anal area which feel like hemorrhoids. Some of this is due to post-op swelling which will reduce with time after surgery. Some can be due to residual tissue that is not excised at surgery. Though the idea of a completely smooth bottom is attractive, the reality sometimes is that there is so much external redundancy that eliminating all the redundancy could cause a problem such as a stenosis, which can be difficult to fix. The relaxation of tissue during anesthesia makes the interpretation of redundancy difficult. If after the swelling of surgery has resolved there are still some floppy tags, these can often be excised in the office under local anesthesia without much pain or recovery.

**Tenesmus**
This is a medical term for the feeling that you have to have a bowel movement without any stool actually being present in your rectum. This feeling frequently follows hemorrhoidectomy and may last for up to a month. You will be able to figure out when it is actually time to have a bowel movement.

**Bleeding**
Nearly every patient has bloody drainage or even a small amount of actual bleeding following an operation in this area. This may last for several weeks following the procedure. Worrisome bleeding is when you pass a bowel movement and mostly blood comes and the bleeding continues. If this happens please call immediately or go to the emergency room.

**Office Follow-Up**
Most patients visit us in the office 4-6 weeks after the procedure. We are available 24 hours a day for
emergencies. You may call the office during working hours for questions that are not emergencies, and are not covered by this handout. Our office number is (207) 761-6642.

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