

Voyuant Energy Device Haemorrhoidectomy

Information and advice for patients

Colorectal

Haemorrhoidectomy

Your Consultant has suggested that you may benefit from an operation called a haemorrhoidectomy. This booklet aims to answer some of the questions you may have. If you require further information, please speak to a member of the surgical team who will be happy to help.

What are Haemorrhoids?

They are enlarged blood vessels within the back passage (the lower part of the rectum or anus). They are often called piles, although piles refer to any lump around the anus. Haemorrhoids usually occur in groups of three, around the inside of the anus. Symptoms vary according to size, small ones cause a loss of bright red blood with bowel motions and a trace of blood may be seen on the toilet paper. Larger haemorrhoids may drop down (prolapsed) and can be pushed back inside following opening your bowels. The largest haemorrhoids may stay permanently prolapsed and cannot be pushed back. Haemorrhoids themselves are usually painless, but the complications of having haemorrhoids can be painful.

How do they occur?

Many people have haemorrhoids, but not everybody may know. People who eat a low fibre diet or suffer from constipation are prone to haemorrhoids which may be painful. They can also occur during pregnancy due to the pressure of the baby on the pelvic blood vessels.

What are my choices for treatment?

Haemorrhoids do not need treatment unless they cause you a problem. Different options are available depending on your symptoms.

- **Diet** – by increasing the amount of fibre in your diet and drinking plenty of fluids, which can be found in fruit, vegetables and bran – this helps avoid straining to have your bowels open.
- **Banding** – a tight elastic band is placed above the haemorrhoid which reduces the blood supply to it. This causes the haemorrhoid to shrink and it will fall off and be passed naturally within several days, usually unnoticed when you have a bowel motion. This is usually done without an anaesthetic. You may feel uncomfortable when the bands are applied, please take painkillers such as paracetamol if you are uncomfortable.

You may already have had one of the treatments outlined above and it has been unsuccessful. This would lead to you having a haemorrhoidectomy.

What if my haemorrhoids were left untreated?

If the bleeding continues, you can become anaemic. In general, the longer you leave haemorrhoids, the less likely you are to respond to simple treatments. Large haemorrhoids can get stuck outside the anal canal and clot (thrombus), which is usually very painful and requires admission to hospital for treatment. You may also experience some leakage of mucus from the back passage which can cause soreness and irritation to the skin around the anus. Any bleeding that is different should be reported to your GP as it may not be caused by your haemorrhoids.

What does the operation of haemorrhoidectomy using Voyuant energy device involve?

The operation involves cutting the haemorrhoids out or trimming them, under either a general, spinal or local anaesthetic using a small energy device called Voyuant. The use of the energy device to cut out the haemorrhoids has been shown to reduce pain and discomfort in the post surgery period with a quicker recovery compared to the traditional haemorrhoidectomy. The wound healing has also been shown to be quicker.

What are the alternative surgical procedures to the Voyuant haemorrhoidectomy?

An alternative procedure is a Haemorrhoidal artery ligation operation (THD) or a traditional haemorrhoidectomy. The THD procedure involves stitching the haemorrhoids blood vessels and part of the lining of the bowel to make the haemorrhoids shrink inside the bowel. However, this operation does not remove the external component of the haemorrhoidal tissues including skin tags outside the anus. The other surgical option would be to have a traditional haemorrhoidectomy operation where the haemorrhoids are cut out using a knife. This procedure has the potential to cause more pain and discomfort in the post-surgery period compared to the Voyuant energy device procedure.

What should I expect?

Pre-Assessment: All patients who are coming for elective surgery will attend for a pre-assessment. This assessment will allow the nurse to provide a full health screen. This helps us to know that you are fit for an anaesthetic and your operation. Our main aim is to minimise the chance of your procedure being cancelled on the day of surgery.

Before your procedure: You will be admitted on the day of your surgery. Just before surgery the nurse may give you an enema to empty the bowel. You will be seen by the anaesthetic team who will discuss the different options for anaesthesia prior to the procedure. You may also have a block of the nerves close to the back passage (pudendal nerve block) done after surgery to reduce the pain and discomfort in the post surgery period.

During the procedure: Once your anaesthetic procedure has been completed, the surgeon will proceed to excise the haemorrhoids using the Voyuant energy device. 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 2 to 3 separate areas. The tissues are often left open or could be closed with interrupted absorbable sutures. No special dressings are required.

Who will perform my procedure? Your surgery will be performed by a surgeon with appropriate experience – usually a Consultant or Specialist Registrar. A junior surgeon in training may carry out the procedure but only under supervision of a more experienced surgeon.

After the procedure: Eating and drinking: You may eat and drink normally, and we recommend a high fibre diet and fluid intake of at least 6 to 10 glasses of water daily.

Getting around and about: Within a few hours of your operation, you will be encouraged to get up and walk around with assistance. When you can leave hospital: Discharge from hospital will be the same day. You should expect to have your bowels open within 2 to 3 days and this will be uncomfortable at first. A small amount of bleeding is expected. The surgeon may place a small white sponge in the anal canal (spongostan) to support the healing process in the anal canal. This piece of sponge will fall out when you pass wind or move your bowels.

Wound care after discharge: Your back passage and anal canal will be sore after the surgery for a few days which will gradually settle down. You may wish to use water or wet wipes (which is more gentle to tissues than toilet paper) to clean after a bowel movement to ensure that the back passage is clean and all motion has been washed out.

Returning to normal activities: The time taken to get back to normal activities varies for different people and with the extent of your surgery. Do as much as you feel comfortable doing. If lifting causes you discomfort, you should avoid it. Most people need a week or two off work, but this will depend on what type of work you do. You may wish to wear a small pad or sanitary towel in your underclothes for a few days after surgery to prevent any staining of the underclothes.

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

At the time of surgery, 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. The usual medication is paracetamol and Ibuprofen. The medication can irritate the stomach and therefore must be taken with food.

You are likely to be given laxatives for one week after the operation to prevent constipation.

You may also be given a course of antibiotics to take for 7 days after the surgery as it could help reduce the post operative discomfort.

You may have sitz baths (a 15-minute bath where your buttocks and hips are immersed 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.

On discharge – at home

- It is essential that you have a responsible adult to take you home, either by car or taxi.
- During the first few days you may be tired easily, but this will pass and gentle exercise is beneficial.
- It is normal to have swelling/bruising around your wound and this will settle over a week or two. However, if the area becomes hot to touch, very painful, or you are feverish, please contact your own GP.

- Avoid heavy lifting or strenuous exercise for one week.
- Depending upon the nature of your job you may return to work as soon as you are comfortable. This is normally about 2 weeks for a desk job and 4 weeks for a manual job.
- You must not drive for at least 48 hours after your operation due to the effects of the anaesthetic drugs. You can begin to drive when you feel comfortable and confident enough to do an emergency stop safely. It is always best to check with your insurance company over cover as they may have their own guidelines for you to follow.
- You may resume your sex life when you are ready.
- A general anaesthetic remains in your system for 24 – 48 hours. Therefore, it is important to have a responsible adult to care for you following your operation.
- Avoid staying in bed for long periods, gentle exercise is important as soon as you can.

Will my haemorrhoids come back?

Haemorrhoids can recur, but this is unusual following a haemorrhoidectomy. If they do, please contact your own GP.

What are the risks for this procedure?

Surgery is usually very safe and effective. However, risks and complications can occur. You need to be aware of them in order to make an informed decision about surgery. Knowing about them will also help with early detection of a problem and help with early treatment. If you are worried about anything, whether in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

General Complications of any Haemorrhoidectomy Operation

Pain – occurs with every operation. Efforts will be made to minimise the pain. A local anaesthetic may be injected into the skin to ease the pain for several hours after the operation. You will be given medication to control the pain and it is important that you take it as instructed so you can move about and cough freely.

Bleeding – can occur either during or after the operation. This rarely needs a blood transfusion or another operation, but it is common to get bruising around the area operated on. Occasionally, around 10 days following your operation, you may pass some bright red blood. This is due to the surgical thread separating from the wall of the bowel. This bleeding usually settles on its' own. Sometimes patients need to be re-admitted to hospital. Very occasionally a blood transfusion or further surgery is required.

Infection – in the surgical wound, this needs treatment with antibiotics. This usually settles after a few days.

Difficulty passing Urine – Some patients may find it difficult to pass urine after the operation. This is more common in people who have difficulty passing urine, such as men with prostate problems. If this happens, you may require a catheter (a tube into your bladder) to drain your urine for several days.

Other – Some patients find that their ability to go to the toilet regularly and pass wind is reduced or altered after the operation. This is because the surgery is near to the anal sphincter (the circular muscle that regulates the passage of bowel motion) and may not work normally at first. If this occurs, the situation gradually improves over a period of months. There is also a small risk of damage to the anal sphincter muscle and this resulting in the inability to hold onto wind or motion (incontinence) which may be permanent. Very occasionally, the back passage can become narrow.

This is caused by shrinkage of the operation scars and can be resolved by inserting an instrument to stretch it.

Specific Complications for Voyuant Haemorrhoidectomy in addition to the above risks

Haemorrhoidectomy is generally a very safe operation with few risks, but, as with any surgical procedure, complications do occasionally occur; about 1-2% patients need to have a second anaesthetic to attend to a complication. Immediately after the operation, some 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 readmission to hospital for observation or, rarely, another operation. Infection is very rare. In the long term, recurrence of symptoms is rare although a few patients may develop skin tags or anal skin prominence..

In the post surgery period following your operation you should contact your GP or the ward if you notice any of the following problems:

- Severe bleeding
- Constipation for more than three days despite using a laxative
- Difficulty in passing urine
- High temperature over 38° or chills
- Nausea or vomiting

What happens on the Day of Surgery

Please follow the instructions that you are given. You must not eat or drink anything or chew chewing gum before your operation. This is to make sure your stomach is empty, as it is dangerous for you to have an anaesthetic if your stomach is full. If you do not follow these instructions, your operation will be cancelled. An anaesthetist (the Doctor who looks after you when you are asleep) will come to the ward to ask some questions. You will also be seen by a member of the surgical team who will want to ask you some questions and will obtain your consent for your operation. One of the ward nurses will also ask you some questions. There will be many patients admitted for surgery and some waiting is to be expected. Before proceeding to theatre, a checklist will be performed and you will be asked to remove all jewellery, dentures, contact lenses, makeup and change into your gown.

When it is time for your operation you will be taken to the theatre department where a member of the theatre team will meet you. You will be asked similar questions to those you were asked on the ward, these are routine checks for your own safety. After this you will be taken into the Anaesthetic room where some monitoring equipment will be attached to you. At this time the anaesthetic will be given to you.

After the Surgery

Following surgery you will be taken to the recovery room where you will be monitored before returning to the ward. You will normally be discharged either the same, or the following day. You may experience pain and discomfort, which can be relieved by taking painkillers. These are usually supplied for you to take home on discharge.

Is there anything I need to do after the surgery?

It is important that you maintain regular bowel movements. Make sure you drink plenty of fluids and eat a well balanced diet. Foods such as fruit, vegetables, cereals and brown bread help to maintain regular bowel movements. After discharge, if you have any problems, please contact your own GP or NHS Direct on 0845 46 47.

People are unique and the alternatives, risks and benefits will of course vary from person to person. We hope this leaflet will support the information you have already received from your doctor in enabling you to make an informed decision.

If you would like further information please call:

Sandwell General Surgery Secretaries or the Pre-Assessment Team.

Contact Details

Telephone: 0121 507 6188

Email: swbh.centralised-pre-assessment-unit@nhs.net

Further Information

National Institute for Health Care Excellence (2021) Haemorrhoids. Available at: <https://cks.nice.org.uk/topics/haemorrhoids/> [Website accessed 24 October 2024]

The Association of Coloproctology of Great Britain & Ireland (2024) Available at: www.acpgbi.org.uk [Website accessed 24 October 2024]

National Health Service (2022) Haemorrhoids. Available at: <https://www.nhs.uk/conditions/piles-haemorrhoids/> [Website accessed 24 October 2024]

Or visit your local pharmacy for advice

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