Ano-Rectal Post-Operative Instructions

Anorectal surgery is most often performed under a "regional" type anesthesia. During surgery, the hemorrhoids, both internal and external, are removed and a layer of suture is sewn into the hemorrhoid "bed." The sutures dissolve and break away, leaving scar tissue. If the rectal pathology also includes a fissure or fistula, these are also cut away.

Possible complications following anorectal surgery are:

1. Development of anal stenosis
2. Incontinence
3. Hemorrhage
4. Fecal impaction

Patients will spend a night in the hospital following anorectal surgery. If you are interested in learning more about the risks, benefits and options associated with this procedure, please contact our office.

1. Take the pain medication only as prescribed. Do not take any laxatives except as listed underneath. **DO NOT** take Aspirin, NSAID's and/or Coumadin for the 4 days after surgery. **DO NOT** take Plavix the 7 days after surgery.

2. You may have some difficulty in urinating. This can be alleviated by taking a sitz bath (A sitz bath is sitting in a bathtub of warm water for 20 minutes at a time.) and by staying relaxed. You will not create any problem if you urinate while still sitting in the sitz bath. If you cannot urinate, please call the office at (937) 435-8663.

3. Take at least four sitz baths per day, or more as needed. This is the best way to relieve pain. Sitting on a heating pad will also help.

4. You are likely to have spastic pain due to spasm of the rectal sphincter muscle. This is aggravated by staying tense and is best relieved by sitz baths.

5. A small amount of bleeding is normal for a few weeks after surgery. Don't panic. However, if you are passing clots, or your bleeding is extensive, contact us immediately.
6. It is not uncommon to have only partial bowel movements after the surgery and to have the desire to go frequently. You can give yourself a small warm tap water enema to expel the stool completely.

7. If you do not have a bowel movement for two days, you should give yourself an enema with one pint of warm tap water using a #18 French soft rubber catheter. These are available at our office or at a hospital pharmacy. You may lubricate the tip with Vaseline. Be sure to lie on your left side when taking the enema.

8. You must take the bulk agent Metamucil, one level teaspoon, two times per day with a full eight-ounce glass of water. and one Senna tablet twice a day with fluid.

9. Drink at least eight to ten eight-ounce glasses of water per day. This is necessary; otherwise your stools will become hard. You may have a four- to six-ounce glass of prune juice every day. You may drink this warm or cold. Eat normally; avoid any foods with husks or seeds, such as popcorn, peanuts and nuts, or strawberries. Avoid milk and milk products except on cereal or with coffee. Milk tends to constipate. Do not drink beer; this will cause more irritation and pain.

10. You may have some drainage; this is normal. It is very important to keep the area clean. Wash the area with cotton balls and warm water only (no soap or toilet paper). Keep a dry piece of cotton at the opening of the rectum at all times until your first appointment.

11. Do not lift anything over 15 pounds for at least three weeks.

12. Be active. Your activities can include walking and climbing stairs. Do not overtire yourself. Avoid pulling, pushing, and straining in any way.

13. Do not have sexual intercourse for two weeks.

14. Do not drive a car until you are checked in the office. You may ride in a car.

15. Do not use white powder from the hospital after discharge.

16. Call the office receptionist right away after discharge from the hospital at (937) 435-8663 for an appointment to be checked approximately two weeks after surgery. You do not have to take an enema for this check-up.