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Post-operative Instructions for Hemorrhoidectomy

Findings:

Follow-up:

Your follow-up appointment is a telephone appointment at _____.
Note Dr. Dalvi or Dr. Mosseler may call you within 2hrs of this time

Your follow-up appointment is an in-office appointment at _____. See our
address below.

Please call our office the Monday morning after your surgery to arrange a:

___ week telephone follow-up appointment.

___ week in-person follow-up appointment.

Office Number 905-702-2629. The office is in the medical building behind Georgetown Hospital. .
Contact us if any concerns about wound healing or your post-operative course.

Address:
40 Hillside Drive, Suite 204
Georgetown ON L7G 4W3
Email: info@georgetowngeneralsurgery.com

Incision Care and Showering:

Typically there will be one to two 2-5 cm incisions around your anus which have been closed by an external dissolvable suture.

- 1) You may shower right away after your surgery if you feel up to it
- 2) You should cleanse the perianal area with Epsom Salt or Sitz baths in lukewarm water, and then pat dry with soft dry cloth at least 2-3 times per day. Ice packs may be helpful for pain control.
- 3) You can expect pain in the bottom and some limited bleeding or clots with bowel movements immediately after your surgery and for the first week, but this should steadily improve

- 4) No ointments, powders or creams on the incisions unless instructed.
- 5) No additional dressings are needed on your incisions unless instructed
- 6) Watch for signs of infection:
 - a. Increasing redness or warmth or pain around the incision
 - b. Pus-like drainage
 - c. Excess swelling or bleeding
 - d. If you take your temperature and it is greater than 38.5 C in two readings 4 hours apart
- 7) If there is any significant warmth, increasing pain, increasing size of the swelling return to the emergency department or call our office. Although walking is encouraged, for the first 1-3 days it may be helpful to take breaks and avoid vigorous activity.
- 8) **You will have nursing care arranged for your wounds who will call your home to arrange timing.**

Diet:

- 1) There are no long term changes to your diet.
- 2) You can slowly return to your regular diet, but for the first two to three days you may not feel like eating anything heavy as it takes some time for your bowels to start moving regularly
- 3) After any surgery always make sure you are drinking plenty of water as dehydration can be a common cause of post-operative emergency visits.
- 4) You may consume caffeinated beverages immediately after your surgery but for the first week be sure you are keeping hydrated as caffeine will dehydrate you.
- 5) Do not drink alcohol for the first 24 hrs after surgery and anytime while you are requiring prescription pain medication. Be very careful with alcohol as it can interfere with other medications, and dehydrate you, and impair your recovery. If possible avoid for the first two weeks.
- 6) Bear in mind that constipation is common after surgery particularly if you are on a prescription pain medication. You can use a stool softener like Restoralax or a fibre supplement like Metamucil for example to help ensure you are having regular bowel movements. Drinks lots of water.

Activity:

- 1) Immediately after your surgery, you are encouraged to get out of bed and walk as this will decrease the risk of blood clots and pneumonias after surgery.
- 2) You are able to do most activities around the house including dressing yourself, walking up and down stairs.
- 3) You may find a donut pillow helpful for sitting.
- 4) With respect to driving, you should not drive for the first 48 hrs after surgery and anytime you are requiring prescription pain medication. If you are easily fatigued, have pain that will restrict sudden movement or range of motion, or are having difficulty with being alert or concentrating, DO NOT drive.
- 5) With respect to sexual intercourse, you should wait until your incisions are healed.

- 6) With respect to work, for jobs not requiring heavy lifting (greater than 15lbs) we recommend you take at least 3-5 days off, and possibly more depending on your recovery and size of incision and type of work.

Pain and Symptom Control

The first 1-3 days after surgery you will have soreness at the incisions, typically worst at the belly button. We recommend you take around the clock pain medication for the first 1-2 days after the surgery, alternating between Tylenol (325-975 mg) and Advil (200-600mg) every three hours, and supplementing with your prescription pain medication as needed.

For example, you could take 650 mg of Tylenol at 8:00 am and 400 mg of Advil at 11:00 am and if you have some persistent soreness after 30 min to 1hr take Statex (or other prescribed medication) at that time but continue to take around the clock Tylenol or Advil. DO NOT go over the maximum daily dose of any medication.

If your pain is minimal, certainly return to as needed pain medication rather than taking it regularly but try to use Tylenol or Advil first rather than the prescription pain medication.

Speak to your doctor if you have any concerns with Advil or Tylenol including liver disease, kidney disease, a history of stomach ulcers or use of blood thinners.

If you are having worsening pain despite pain medication or requiring more and more pain medication, return to the emergency department or call our office for assessment.

Your incisional pain will typically resolve within the first two weeks however, you may have sensitivity at the incisions for up to 6 months. In addition, as the nerves in skin heal you may have periodic short bursts of sharp pain burning or itching and numbness around your incision. This will slowly improve.

Returning to the Emergency Department:

If you have worsening abdominal or rectal pain, pain, fevers, chills, nausea and vomiting or persistent rectal bleeding with or without bowel movements or unable to tolerate fluids, or any significant concern regarding your wounds or your wellbeing after surgery, call our office or return to the emergency department for assessment. If possible, return to Georgetown Hospital (where you had your surgery).