

BENRUS SURGICAL

AT BARNES-JEWISH ST. PETERS

Hemorrhoidectomy and Anorectal Surgery After Care Instructions

Hemorrhoidectomy and other Anorectal surgery can be very uncomfortable. Your anal area will be painful or ache for 3-4 weeks, but the pain should gradually lessen over time. Remember each person recovers at a different pace. Following the care plan below can help you heal more quickly.

What to Purchase Before Surgery (over the counter)







- Colace (docusate) 100 mg. (NOT Peri-Colace, which is a stimulant)
- MiraLax
- Advil 200 mg.
- RectiCare
- Tucks Pads
- Sanitary Pads

What to Expect When You Go Home

- You may experience gas cramps and/or muscle spasms today, this is normal.
- You may experience some nausea, vomiting, or dizziness, but that should resolve by tomorrow.
- You may experience a sore throat if you had a general anesthesia. Keeping your throat moist with lozenges and drinking fluids will help.
- No alcohol or driving for 24 hours after surgery or while you are still on the pain medication.

Medications

- You have been given a prescription for a pain medication and/or a muscle relaxant to help relax the anal muscles, take these as directed on the bottle, and take with food or snack.
- If you need a refill of your narcotic pain medication call the office between 9:00 am-4:00 pm. We cannot refill narcotic pain medications in the evening or on weekends. Narcotics require a written prescription which needs to be picked up at our office, and taken to your pharmacy.
- If your primary care physician allows you to take Advil (Ibuprofen) then take it as follows: Advil 200 mg 1-2 tablets every 6 hours, not to exceed 6 tablets (1200 mg.) in a 24 hour period. Alternate the Advil between the doses of the pain medication, and be sure to take it with food or snack. Advil is an anti-inflammatory medication, and can help reduce inflammation.
- Do **NOT** supplement your narcotic pain medication with Tylenol, as there is acetaminophen in your pain medication.
- If you are taking the following blood thinners listed below, please be sure to talk to your surgeon; you will need to stop these medication **five days** prior to your surgery. Your surgeon will tell you when to re-start taking those medications again.

 Aspirin	 Jantoven (warfarin)	 Effient (prasargel)
 Plavix (clopidogrel)	 Brilinta (ticagrelor)	 Coumadin (warfarin)

- If you are taking the following blood thinners listed below, please be sure to talk to your surgeon; you will need to stop these medication **48 hours** prior to your surgery. Your surgeon will tell you when to re-start taking those medications again.
 - ✚ Xarelto (Rivaroxaban)
 - ✚ Eliquis (Apixiban)
 - ✚ Pradaxa (Dabigatran)

Medications (continued)

- If your doctor prescribed an antibiotic please take it until completely gone, you need to complete the entire course of antibiotics.

Bowel Movements

The use of narcotic pain medications can make you very constipated. Not drinking enough fluids and insufficient fiber in your diet contributes to constipation as well. We do not want you to strain to have a bowel movement.

- You may apply a numbing medicine before and after bowel movements to relieve pain, such as RectiCare.
- On the day you get home from your surgery start a stool softener such as Colace (docusate) 100 mg. 1 tablet twice a day, (may take up to 3 tablets per day), it helps soften the stool and prevents constipation.
- If you have not experienced a bowel movement two days after your hemorrhoidectomy or anorectal surgery then start MiraLax 1 capful in an 8 ounce glass of water twice a day. If your stool starts getting really loose, you can decrease the dose of MiraLax or discontinue it.
- If you still do not have a bowel movement after you have tried the above regimen then call the office at (636) 916-7100 for further instructions.

Diet

- Start with clear liquids (soup, Jell-O, 7-Up, Gatorade, popsicles) today to prevent nausea and vomiting
- Advance to regular diet tomorrow.
- Drink plenty of water, at least (eight) 8 ounce glasses per day, which is the “8 x 8” rule making it very easy to remember!
- Start adding high fiber foods to your diet about 2-3 days after surgery; this will help make bowel movements easier. Examples include fresh fruits, green leafy vegetables, and whole grains.

Dressing and Wound Care

- Keep your dressing on until tomorrow morning, and then you may remove it and shower.
- You may notice a packing which was inserted into your rectum during your surgery. It may come out with your first bowel movement, and it is ok to flush down the toilet.
- It is normal to experience some bright red blood immediately following your surgery, as well as over the next couple of weeks as the incision heals. You may also see blood in the toilet bowl, or on the toilet paper. You may have drainage from your rectum as well, and bleeding with bowel movements. These are all normal occurrences.
- Wear a sanitary pad in your underwear for control of drainage.
- Keep the wound clean by using soap and water in a warm water tub bath or a Sitz Bath 4 times a day for 20 minutes each soaking, and after each bowel movement. Pat the area dry. Keep up the soaking as long as you are having pain in the anal area.

- After a bowel movement clean the anal area with non-alcohol baby wipes, or medicated pads such as Tuck's, or moistened cotton balls or pads instead of toilet paper which can irritate the anus. **DO NOT** dry wipe your anus.
- Apply an ice pack several times a day to anal area; remember to protect the skin from the ice by wrapping the ice pack in a thin towel. Apply the ice 10-15 minutes every hour for comfort.

Activity

- You may sit on a soft pillow for comfort, but **DO NOT** sit on a donut ring pillow.
- Rest for the first 24 hours, and when you feel tired.
- Start walking the next day, gradually increase your activity.
- Avoid any heavy lifting or straining for 1 week.
- **NO DRIVING** while on narcotic pain medications.
- You may take showers and bathe as usual, but remember to pat the anal area to wash and dry.
- Avoid straining to have a bowel movement.

When to Call 911

- You have sudden chest pain, shortness of breath, or cough up blood.
- You have severe stomach pains.
- You lose consciousness.

When to Call your Doctor.....Office Number (636) 916-7100

- Inability to urinate within an 8 hour period after surgery. You may try standing in a warm shower and if you can, urinate in the shower stall. We know this sounds strange, but sometimes it does help you urinate. If you cannot urinate after trying the shower trick, and the Doctor's office is closed, then go to the Emergency Room, as you may need a Foley catheter inserted to empty the bladder.
- If you need to go to the Emergency Room for a Foley catheter, please call our office the next business day so we can schedule an appointment in our office to remove the catheter.
- Excessive pain that does not get better after you take your pain medication.
- Excessive swelling and/ or bleeding that soaks 2 or more large gauze pads.
- Temperature above 101.5 degrees F.
- Incision is red, and hot to the touch.
- If you have had no bowel movement after following the instructions outlined in the Bowel Movement section above.
- Foul smelling drainage.

Call for Post-op Appointment.....Office Number (636) 916-7100

- Please call the office the day after your surgery to schedule your post-op appointment for 2 weeks from the date of your surgery.

How to Help Prevent Future Problems

- Eat a diet which is high in Fiber.
- Drink (eight) 8 ounce glasses of fluids per day.
- Get plenty of exercise.

- **Develop good bowel habits**