

## Will I have any pain?

You may experience discomfort after your operation. If so, we will give you pain relief while you are in hospital and to take home. When taking pain relieving tablets, please remember to follow the instructions on the packet.

## What should I do when I get home?

When you get home, please eat and drink normally, making sure that you eat a high fibre diet.

You will be given some medication to take home that will keep your stools as soft as possible to help the healing process. The medication will include a dried fibre-bulking agent such as Ispaghula husk (Fybogel) and a stool softener (Lactulose) (or movicol laxative).

## When should I go back to work?

It is not advisable to return to work for at least two days after anal surgery. You can self-certificate for this period. Depending on your operation and recovery, you may need to take more time off.

## Can I drive?

You must not drive for 24 hours after your anaesthetic. A longer period may be necessary while healing takes place.

## Will I need another appointment?

The nurse will advise you regarding an outpatient appointment.

## Useful contact numbers

If you have any problems or queries, please contact one of the following:

Surgical Admissions Lounge  
3rd Floor Tower  
Royal Cornwall Hospital  
Tel: 01872 252622 / 252623

Theatre Direct  
2nd Floor Trelawny  
Royal Cornwall Hospital  
Tel: 01872 253921

St Mawes Unit  
2nd Floor Trelawny  
Royal Cornwall Hospital  
Tel: 01872 252324 / 253032

# Anal surgery as a day case



## What type of operation do I need?

This will depend on your symptoms. Your consultant will discuss your operation with you. It will probably be one of the following:

- **Anal fissure** – This is a when painful split occurs at the margin of your anus (back passage) associated with intense spasm. The operation to treat this condition involves reducing the spasm to allow the split to heal.
- **Sphincterotomy** – This operation involves stretching your anus and then making a small cut to one side of it to divide some of the sphincter muscle fibres. This will help the healing process. At the end of your operation, a small sponge pack will be inserted into your anus to stop any bleeding. The sponge pack will fall out when you next open your bowels. A little soiling or bleeding may occur during the next few days.
- **Excision of the anal skin tags or warts** – When excess anal skin or warts are removed. A gauze dressing may be in place on your return to the ward. This dressing will fall out when you next open your bowels. A little soiling or bleeding may occur for a few days after your operation.
- **Laying open of fistula or placement of seton stitch** – A fistula is a tract linked with your anus to an opening at your perineum and may cause discharge and pain. The best operation to treat this condition involves the opening of the tract and the insertion of a pack (type of dressing). You may have some bleeding or discharge for a few days after your operation.

The inserted pack will fall out after a few days and may need replacing by your district or practice nurse. Alternatively, you may need to attend the Dressings Clinic at the Camborne and Redruth Community Hospital, if you live in that area.

Alternatively the surgeon may place a seton through the tract. A seton is a thin thread or silicone string (similar to an elastic band) that is inserted through the fistula tract, it is then tied in a knot on the outside. A seton allows the infection to drain and heal without damaging your sphincter muscles. If you have had a seton stitch inserted, you may find that some mucus (thick, slippery fluid) leaks out of the wound.

## How will I benefit from this operation?

The benefits vary from patient to patient, but you may expect your symptoms and comfort to get better. If you are troubled with an infected area, this operation may help you.

## Are there any risks to anal surgery?

Anal surgery is generally safe with few risks, but as with any surgical procedure, complications may occur.

It is important to maintain anal continence and the surgeon will take this into consideration when deciding which type of surgery to perform. However, any disturbance of anal sphincter muscles can lead to some degree of change in your ability to control wind, liquid and, very occasionally, solid stool from the back passage.

As with all surgery there are risks associated with having an anaesthetic, but these will depend on your overall health, the nature of the operation and its seriousness. There may be complications, but serious complications are very rare.

## Should I do anything before I come to the hospital?

Please follow the instructions on your admission letter regarding eating and drinking.

Before you come to hospital it is a good idea to have a bath or shower and if possible open your bowels.

## What will happen when I get to the hospital?

A nurse and doctor will ask you about your medical history and prepare you for your operation. You may be given an enema to empty your bowels before you come into hospital.

## What happens after my operation?

The nurse will check your wound while you are on the ward. You may experience some bleeding or discharge during the next two to three weeks, which is quite normal. If this is excessive, please contact your GP. For the next few days have a bath or shower daily and after you open your bowels make sure that you keep the area clean and dry. Avoid the use of scented bubble baths or talcum powder.