

Post-Operative Anorectal Surgery Information

Prior to your surgery we discussed what types of problems you may expect following your anorectal procedure. The purpose of this section is to reinforce what we spoke about. Most of the anorectal surgical procedures are done in same-day surgery, so your time in the hospital is typically about 3-4 hours. Some more extensive procedures may require hospitalization for several days.

Patients' main concerns after an anorectal procedure typically center on post-operative pain and its management in addition to post-operative constipation. In order to help with these issues a "management bundle" has been put together to keep you as comfortable as possible. This bundle includes multiple pain medications that work through different mechanisms of action to help lessen and manage post-operative pain and discomfort, as well as stool softeners and cathartics to help you to move your bowels in a timely fashion. Pain is usually the worst the first 2-3 days post operatively and then improves gradually over time.

The first thing to remember is to eat your normal diet with the exception of nuts, popcorn, seedy foods (such as strawberries and raspberries) and spicy foods the first 2-3 weeks since these may irritate the anal canal. Most people will be apprehensive regarding the first BM, however, with the "bundle", the stool should be soft and formed allowing you to have a "controlled" BM with a manageable amount of discomfort. This is especially true the first several days while the long acting local anesthetic is still working. Also, eating and drinking are important to keep your system working and to prevent constipation.

Pain: You should use the pain medications prescribed on a regular basis, whether or not you start experiencing pain. This will help your post-operative pain or discomfort to be well managed. Remember, ***you want to prevent pain, not chase after it, because you will not catch up.*** In addition to the long acting local anesthetic injected at the end of your operative procedure, you will receive a prescription for a narcotic, typically Hydrocodone (Lortab is a brand name). I use this because I have found over my years of experience that patients have less constipation using this than with other narcotics. I also recommend Naprosyn (Aleve is a brand name) because this has anti-inflammatory actions which also helps with management of post-operative pain. Additionally, you only have to take the Naprosyn twice per day versus other Non-Steroidal pain meds that need to be taken 3 times per day. If you do not want to take the Lortab, you can substitute Acetaminophen (Tylenol). I would recommend extra strength every 6 hours. **Do Not Take Lortab And Tylenol At The Same Time Because Lortab Also Has Acetaminophen.**

Bowel Function: Bowel movements after anorectal surgery can be associated with moderate to severe discomfort, depending upon the procedure that you underwent. Multi quadrant hemorrhoidectomy patients will experience the worst pain. Constipation and diarrhea make the pain worse and must be avoided. Eat a diet high in fiber including plenty of fruits and vegetables. Try to drink at least six to eight glasses of water or juice per day to help keep the stool soft. We also recommend in your post op instructions to use either Metamucil or Citrucel mixed in an 8oz. glass of water or juice. This will help bulk up and soften the stool helping to stimulate the bowel to work.

- **Constipation:** You should be sure to have a bowel movement at least every other day. We encourage you to take Mineral Oil every day for the first week (this is an excellent softener). Additionally, one tablespoon of milk of magnesia on a daily basis will also help to stimulate the bowels to move; after two days we recommend 2 Bisacodyl oral pills. You may also use an over-the-counter phosphate enema or tap water enema if there is no response from the other options. Additionally, I would consider Miralax, one capful in 8oz. of water.
- **Diarrhea:** This may be caused by overuse of laxatives. If diarrhea occurs, stop taking the mineral oil and milk of magnesia. Continue the bulk-forming agents. If diarrhea persists, call the office.

Discharge/Infection: Some bloody discharge after bowel movements is normal for at least two to four weeks after rectal surgery. If you have profuse, continuous bleeding, call the office. Post-operative infection around the rectal opening is surprisingly uncommon despite the obvious contamination by stool. When this occurs, the hallmark is increasing pain and tenderness on a daily basis, rather than continual improving post-operative discomfort. What we do see frequently however, is “leakage” which can occur from colonization of the wounds by bacteria. This may occur for up to two months until the wounds are completely healed. This is nothing to be concerned about, however, if unsure, give us a call.

Urination Problems: In our practice this is rare. Starting in the operating room you are given minimal fluids which will help prevent urinary retention especially in males. If you have trouble urinating, do so while sitting in a tub of water, showering or run the water faucet while sitting on the toilet. If the problem is severe or persistent call the office.

Activity: Upon discharge, there are generally no restrictions on walking, climbing stairs or riding in a car. After some procedures, you will be asked to avoid strenuous activity or heavy lifting for 7 to 14 days. However, this varies depending on your procedure. Following most anorectal procedures there will be no restrictions.

If any of the following occur, please call the office

- Problems with the incision, including increasing pain, swelling, redness or drainage.
- Severe constipation (no bowel movement for three days).
- Diarrhea (more than three watery stools within 24 hours).
- Difficulty urinating.
- Fever greater than 101 degrees.
- Severe bleeding.
- Nausea or vomiting.
- Chills.