

HAEMORRHOIDECTOMY

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SURGEON.....M.H.EDWARDS  
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STEP-WISE

HAEMORRHOIDECTOMY

GRADE 3 (VERY DIFFICULT)

THESE STEPS COVER

ELECTIVE HAEMORRHOIDECTOMY FOR PROLAPSING PILES

ACUTE HAEMORRHOIDECTOMY FOR STRANGULATED PILES

HAEMORRHOIDECTOMY FOR RECURRENT PILES

HAEMORRHOIDECTOMY FOR MUCOSAL PROLAPSE

STAGES

STEPS

- 1 PRELIMINARIES
- 9 ANAESTHESIA
- 10 POSITION
- 11 STANCE
- 12 PREPARE THE SKIN
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QUICK STEPS First steps

SURGEON  
STEP  
NUMBER

- 1 PRELIMINARIES - READ ON
- 2 CHECK YOU HAVE THE CORRECT PATIENT.
- 3 CHECK PROPER INVESTIGATIONS INCLUDING A SIGMOIDOSCOPY.
- 4 CHECK PREVIOUS SURGERY OR TRAUMA TO THE PERINEUM OR ANAL CANAL. ( IE RISK OF INCONTINENCE AFTER THE HAEMORRHOIDECTOMY)
- 5 CHECK FOR HIP PROBLEMS. (IE AVOID LITHOTOMY POSITION)

6 CHECK THERE IS NO OTHER PROCEDURE TO DO.

7 CHECK THERE IS A DIATHERMY PAD.

8 CHECK THE PERIANAL SKIN IS SHAVED.

9 ANAESTHESIA GENERAL /SPINAL /EPIDURAL

10 POSITION LITHOTOMY

Use Lloyd Davis stirrups if the hips are stiff or unstable or there has been previous hip surgery.

Check the coccyx overhangs the end of the operating table to get access to the anal canal.

Hold the scrotum upwards out of the operating area in a sling of 4 inch elastoplast.

11 DO SIGMOIDOSCOPY if not already done.

12 STANCE Sit on a stool facing the patient's perineum.

Have one assistant on your left and the scrub nurse on your right.

13 PREPARE THE SKIN from the perineum to the coccyx and from one mid thigh to the other.

Use two swabs on sticks with 0.5%

Chlorhexidine in 70% propanol, followed by one to dry off.

Make sure there is no pooling of the antiseptic, particularly in the vagina.

14 TOWEL UP using leggings, a towel under the buttocks and an anterior towel down to the.

Fix the towels with towel clips into the skin.

15 PERFORM A MILD SPHINCTER STRETCH if the anal canal is less than 2 cms. in diameter.

Use 4 fingers inserted 5 cm. so that you can feel the ring-like internal sphincter.

Stretch the sphincter muscle in an antero-posterior direction so that the SIDES of the sphincter stretch.

This will prevent the posterior anal skin

splitting to form a fissure.

#### 16 IDENTIFY THE PILES

Classical piles are 3 bluish 2cm. swellings bulging out of the anal canal in the 3, 7, and 11 o'clock positions as you look at the patient.

They are covered with mucosa and skin.

Sometimes one or piles are missing.

All the anal lining bulges out if the piles are strangulated or if there is a mucosal prolapse.

Sometimes skin tags predominate.

You are aiming to remove swellings at the 3, 7, and 11 o'clock positions if present, while preserving intact bridges of skin and mucosa between these sites.

Choosing the right tissue to remove requires a little thought.

17 CLIP THE 3 O'CLOCK SKIN TAG with an artery forceps.

18 EXPOSE THE INTERNAL PILE by pulling radially on the forceps.

The internal pile is a dark blue vein, covered with thin mucosa.

19 CLIP THE 3 O'CLOCK INTERNAL PILE with another artery forceps.

20 RETRACT THE WHOLE PILE radially by pulling on both forceps.

21 HOLD THE PILE RADIALLY by clipping the two forceps to the drapes with a towel clip.

22 REPEAT FOR THE 7 O'CLOCK PILE (if present)  
BY GOING BACK TO STEP 17 (CLIP THE SKIN TAG)

23 REPEAT FOR THE 11 O'CLOCK PILE (if present)  
BY GOING BACK TO STEP 17 (CLIP THE SKIN TAG)

#### 24 DISSECTING THE PILES

You are aiming to incise an ellipse of skin and mucosa at the site of each pile, while you preserve skin bridges between the ellipses.

Then you will be excising each pile without damaging the internal sphincter.

Start with the lowest pile to keep the operating field free from blood.

25 DISSECT OUT THE 7 O'CLOCK PILE - READ ON  
If absent, DISSECT OUT THE 3 O'CLOCK PILE  
- READ ON  
If absent, DISSECT OUT THE 11 O'CLOCK PILE  
- READ ON

26 RELEASE THE 2 ARTERY FORCEPS from the drapes.

27 RETRACT THE PILE centrally by pulling on the 2 artery forceps to see the skin side of the pile.

28 SNIP THE BASE OF THE SKIN TAG in the line of the circumference of the anal canal using round ended scissors to start the ellipse.

Make the scissor cut 1cm. long normally.

Avoid excising non-piles skin, because it is unnecessary and very painful afterwards.

29 EXTEND THE INCISION using scissors by immediately turning into the mucosa of the anal canal for 2cm.

For a MUCOSAL PROLAPSE, extend the incision 5cm. to remove enough mucosa.

30 GO BACK TO THE OTHER END OF THE PILE INCISION

31 EXTENT THAT END OF THE INCISION into the mucosa to meet first mucosal incision, and so complete the ellipse.

32 DISSECT THE PILE off the internal sphincter muscle with firm gauze dissection.

Show up the fibres of the sphincter muscle by stretching the pile over a finger pressing from the mucosal side of the pile.

The internal sphincter muscles fibres are light brown, fleshy strands running circumferentially in the subcutaneous tissues lateral to the pedicle of the pile.

They are often thinned out where they cover the pile.

It is essential that these fibres are clearly seen, and are swept laterally to prevent incontinence after the operation.

You should end up with only the mucosa of the pile together with its nutrient artery stretched over your finger.

You can ignore minor bleeding vessels in the

internal sphincter.

The external sphincter will not be found in this dissection since it lies laterally.

With spinal, caudal, or epidural anaesthesia the internal sphincter may well relax more than during a general anaesthetic and will be more lateral.

Nevertheless, be absolutely certain that you have removed all the sphincter fibres from the pedicle of the skin tag and pile before transfixing the pedicle.

33 EXCISING THE PILES - READ ON

34 TRANSFIX THE PEDICLE of the pile with an 0 silk transfixion stitch (Ethicon W223).

Tie the knot with a triple knot.

Clip the loose ends of the stitch 5 cms. from the knot.

Cut the more distal ends.

35 DISSECT OUT THE 3 O'CLOCK PILE  
if present GO BACK TO STEP 26 (RELEASE THE 2 ARTERY FORCEPS)  
if absent READ ON

36 DISSECT OUT THE 11 O'CLOCK PILE

if present GO BACK TO STEP 26 (RELEASE THE 2 ARTERY FORCEPS)  
if absent READ ON

37 REVIEW PROGRESS You should now have:  
3 excision sites  
3 intact skin bridges  
3 transfixed pedicles  
3 sets of ends of silk held by artery forceps

38 INSPECT EACH EXCISION SITE for bleeding and diathermy as necessary to obtain haemastasis.

Minor oozing will stop by itself.

39 CUT THE LOOSE ENDS of the transfixion stitches 2 cms.

away from the knot for ease of access if the patient requires re-exploration for any bleeding.

40 DRESS THE WOUNDS with a 5cm. square of Paraffin gauze on each excision site.

41 COVER THE ANUS with 10 gauze swabs held on with elastic

pants.

42 CHECK THERE IS NO OTHER PROCEDURE TO DO

43 FINAL TOUCHES

44 CHECK THE HIPS ARE UNFLEXED CAREFULLY AND IN UNISON

45 WRITE LEGIBLE OPERATION DETAILS

46 FILL IN THE SURGICAL AUDIT FORM

47 PRESCRIBE CALCIUM HEPARIN 5000 UNITS BD subcutaneously  
until the patient leaves hospital if he/she  
is over 40 years.

48 DICTATE AN OPERATION LETTER TO THE GENERAL PRACTITIONER

49 EQUIPMENT LIST

GENERAL SET +

1 PROCTOSCOPE

1 BLUNT CURVED SCISSOR

50 MATERIALS LIST

SUTURES :- W 334

3 PIECES JELONET

DRESSING GAUZE-WOOL

NETELAST KNICKERS