



Dr. Patrick McCrea

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Anal Surgeries – Hemorrhoidectomy, Excision of Anal Mass or Polyp, Drainage of Abscess, Fistulotomy, Anal Fissure Repair

This is an instruction sheet for patients scheduled for anal surgeries. Read carefully. The Queen Elizabeth Hospital operating room booking office will contact you about a date for your surgery. Please contact our office if you believe there is an error in the type of surgery that is being arranged.

You will likely meet with surgery clinic nurses at the hospital to learn more about your procedure and what to expect. You may also have investigations such as blood work, cardiogram, and x-rays prior to your surgery. Depending on your health, you may meet with an anesthesiologist or other specialists.

In advance of your surgery, you should notify your employer of anticipated absence and make sure that you have help at home if you should need it. Depending on your health and surgery you may go home the day of surgery or be admitted to the hospital. In either case, you will be discharged from the hospital when it is medically appropriate. Further recovery is best done at home.

There is a small chance that your surgery will be delayed or moved to another date to accommodate other patients with surgical emergencies. If your own condition worsens prior to surgery and you are unwell you should go to the emergency department for evaluation.

Preparing for Surgery

Lifestyle: Please try to eat a balanced diet, exercise, quit/reduce smoking, and quit/reduce alcohol. Healthy choices better prepare you and your body for surgery and decreases surgical complications.

Making Arrangements: You will have a general anaesthetic and cannot legally drive for 24 hours after your surgery. Please make arrangements to have a responsible adult available to drive you home afterwards. If you do not have someone available, your operation will be cancelled. Arrange to have someone around at home to help you.

Medications and Herbs: Please contact Dr. McCrea if you have had any changes to medications. If you take blood thinners (*Ticlid/Ticlopidine, Pradex/Dabigatran, Coumadin/Warfarin, or Plavix/clopidogrel*), Dr. McCrea, an internist, or the Hematology service will be instructing you how to take your medication. The following herbs can cause bleeding and must be stopped 7 days in advance: *Ginkgo Biloba, Ginseng, Ginger, and Garlic*.

Night before and Morning of Surgery: Do not eat or drink anything after midnight the day before surgery. Do not take insulin, diabetic pills or fluid pills the morning of your surgery unless otherwise instructed. Bring your medications, in their original bottles, to the hospital on the day of surgery.

Day of Surgery: All the anal procedures take between 15-45 minutes. You will be in the recovery room for 2 hours afterwards.



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Post-Operative Instructions

What to Expect: You will be discharged the day of surgery. Your throat may be sore from the breathing tube. Cough drops and throat lozenges are soothing. You will have some discomfort around your anus but it should not be severe. You may sit in a warm bath if you are having difficulty urinating. You will have some dressing (packing) in your anus.

Diet: You may resume a solid diet as soon as you are hungry. Drink plenty of water and fluids like Gatorade the first few days. You should take 1 tablespoon of Metamucil dissolved in a glass of water or juice every day for 7 days. You may use a stool softener (Colace) up to 3 times/day. If you go 48 hours without a bowel movement, take 1 tablespoon of Milk of Magnesia; take another tablespoon if you do not have a bowel movement after a further 24 hours. Please call the office if you have not had a bowel movement after 4 days.

Wound Care: Remove anal packing and dressing during a sitz bath the morning following your surgery. The dressing may fall off or out prior to this time which is fine and it does not need to be replaced. Perform sitz baths or tub baths once each day as well as after each bowel movement (10-15 minute soak in warm, soapy water). You may do this more frequently for cleanliness or to relieve discomfort. Continue to have sitz baths for 2 weeks or until you no longer have discomfort.

Pain Control: You should not have severe pain after surgery. The use of narcotics causes unnecessary problems with constipation and nausea and should be avoided when possible; if you are constipated, Colace is a stool softener that can help. The best pain medications are Acetaminophen (Tylenol) and Ibuprofen (Advil) and these should be taken as needed. Advil should be avoided in patients with kidney disease.

Exercise and Activity: You may or may not feel tired the night of surgery but by the next day you should be walking and resuming all non-strenuous activities. You may progressively increase your activity level and exercise. If an activity is uncomfortable, stop it and retry the next day.

Driving and Return to Work/School: You may return to modified or light work duties 3 days after your surgery. Most employers/schools will accommodate modified duties. At 4 weeks time, there are no restrictions. You can drive and operate machinery only if you are not taking narcotics and you feel comfortable reacting to an emergency.

Follow-up and Emergencies: Call the office at 902.368.7610 to make a follow-up appointment for 4 weeks after surgery. If you have any problems or questions, do not hesitate to call the office. If you feel unwell or have fever, vomiting, bleeding wound, or increasing pain then go to the emergency room.