

Transanal Hemorrhoidal Dearterialization (THD) Post-Operative Instructions

Wound/Dressing Care

You have gauze which is either laying outside your anal canal or a small portion is inside your anal canal. You also have multiple layers outside this gauze as well as a dressing externally. Please keep this dressing until the following day.

If you need to use the bathroom to have a bowel movement (BM), or if the dressings become soiled, you can remove the dressings on the day of surgery. Remember to start Sitz baths after you use the bathroom.

Place a dry dressing to the area, do not replace a dressing into your anal canal.

Use Sitz baths after every BM and 2-3 times a day. You may use either warm tap water or mix Epsom salts into it as well (your choice). You will likely need to do this for two weeks and then as needed.

To help support the area, we recommend sitting on a soft pillow. We DO NOT recommend the use of a circular "doughnut" hemorrhoid pillow. This tends to stretch the anorectal area and may make your pain worse.

Showering/Baths

You can shower the day after surgery. Just place a dry dressing to the area after your shower. It is OK to get the area wet, but no soaking of the wound (other than Sitz baths).

No swimming or hot tubs for three weeks after the procedure.

After certain procedures, it is OK to soak in a tub of water to reduce swelling and pain, but discuss this with us first before trying.

Medications

Take your pain medication as needed. If your pain is less severe, you can take ibuprofen (over the counter, such as Motrin or Advil) instead of your narcotic pain medication as needed. You can also take acetaminophen (over the counter, such as Tylenol) instead of your narcotic pain medication, but do not take both Tylenol and your narcotic pain medication because your narcotic contains Tylenol as well.

The THD procedure is less painful than typical hemorrhoid surgery, but it is not pain free.

Typically, you will feel a sense of rectal urgency (the need to go to the bathroom) and some sharp pain for up to a week. If you can, avoid narcotics, but a prescription has been given to you just in case it is needed.

If you have any unusual symptoms such as rashes, itchiness or diarrhea, please discontinue the medication and call our office or your medical doctor.

Gastrointestinal (GI) Discomfort

GI discomfort and nausea are not unusual with pain medication and antibiotics, but please call if you are not able to drink or eat by the night of surgery.

Constipation is also common with the use of narcotics. Remember to take your stool softeners every day until you stop using narcotics. If you feel that you are becoming constipated, you can take 17 grams of Miralax or milk of magnesium (available over the counter). You can also take prune juice to help with your constipation.

Typically, patients will have urinated prior to leaving the hospital. If you find it difficult to urinate when you are at home by the evening hours, try taking your pain medication, and then 15 minutes afterwards when the pain medication is working, try taking a hot shower and then attempt to urinate. If this does not work, please call us or simply go to Emergency Room. *This is true for patients with or without a history of prostate disease or bladder problems.*

Post-Operative Emergencies & Concerns

Heart, Lung, Calf Problems: If you develop chest pain, shortness of breath or significant calf pain, you must go to the nearest Emergency Room.

Bleeding or Drainage: Some bleeding and drainage is expected. If the bandage becomes stained, remove the dressing and replace it with new gauze and monitor the bleeding. If you think that the drainage is excessive, call the office or go to nearest Emergency Room.

Fever: If you have a temperature greater than 101°F on more than one reading 48 hours or more after surgery, call the office or go to the nearest Emergency Room.

Unrelenting pain: Many anorectal procedures are painful after surgery, but the pain steadily decreases over time with the worse pain within the first three (3) days of surgery. If the pain increases, if you have fevers or chills, or have excess perianal drainage, call the office or physician line after hours.

Diet & Activity Restrictions

Driving: You can drive when you are comfortable using the brake and gas pedal and you are off all narcotic pain medication. Do not drive under the influence of narcotic medication.

Sexual Activity: No anorectal or vaginal intercourse until the area is fully healed, generally 1-2 months, but can be up to 3 months.

Physical Activity: Avoid vigorous exercise for the first two weeks, especially avoiding squats and heavy lifting which can stretch the anorectal area.

Diet: Avoid greasy foods and spicy foods for the first week. Spicy foods may cause perianal discomfort. A diet high in fiber is recommended.