

Minor bowel surgery

Information for patients



Please contact a member of nursing staff at the appropriate day unit if you wish to discuss your operation before your admission to hospital. (Contact numbers can be found at the end of this leaflet)

Diagnosis

Anal Fissure

A fissure is a small tear in the lining of the back passage which causes pain and bleeding on opening the bowels. It is usually the result of constipation and the passage of hard stools. It may be treated by alteration of diet and stool softeners, the use of ointments on the back passage, or by an operation called a sphincterotomy.

Anal Fistula

A fistula is a connection between the back passage and the skin on the outside that causes recurrent abscesses. It usually requires treatment by surgery which may include the use of "glue treatment", a "fistulotomy", or the use of a nylon or rubber stitch called a "seton".

Treatments

Examination under Anaesthesia (EUA)

This involves a general anaesthetic to put the patient to sleep so that the back passage can be examined without any discomfort.

Sphincterotomy

This involves a small cut to one of the muscles of the back passage to allow the healing of fissures (tears) in the back passage.

“Glue treatment”

A tissue glue is inserted into a “fistula” connection to encourage it to heal and prevent recurrent abscess formation.

Fistulotomy

The connection between the back passage and the skin (fistula) is opened by a surgical cut to destroy the connection. It leaves a small wound on the back passage that usually heals over a period of 3-6 weeks.

Seton

This involves the placement of a nylon or rubber stitch into the fistula connection. It is usually used as a temporary measure in complex connections to prevent further abscess formation. A further operation is often required to get the fistula to heal.

Before your operation

You will be having a general anaesthetic, and you will have a pre-screening appointment to assess your suitability for day surgery, before you are given a date for your operation. At this appointment the nurse will take details of your:

- medical history
- current medication
- home care arrangements after you have been discharged from hospital.

Please use this opportunity to ask any questions about your surgery and after-care.

Where possible, the nurse will arrange a mutually convenient date for your surgery. S/he will also give you instructions about preparing for your operation, which will include advice about:

- having a bath or shower before you come to the hospital
- eating and drinking
- taking your normal medication, if appropriate
- returning to work after surgery

On the day of surgery you should have a bath or shower before you come to hospital.

On admission to the unit you will be greeted by a nurse who will check that your details are correct. The surgeon and the anaesthetist will talk to you and you will be invited to ask any questions you may have.

You may be asked to have an enema (which will empty your bowels), before your surgery, in order to allow the surgeon a clearer view of your lower bowel.

A member of staff will escort you, as you walk to the operating theatre.

Following your operation

You will be transferred to the ward area where nurses will continue to monitor your condition. If you feel any discomfort, please inform the nurse looking after you, so that pain relief can be given.

As long as you do not feel sick (after a general anaesthetic) you will be encouraged to have something to eat or drink, prior to going home.

After about 1-2 hours, if the nurse feels you are sufficiently recovered, you may be discharged home.

Care at home

You will be prescribed painkillers to take home with you. Please take only as directed on the packaging.

You will have a pad covering the wound, which will need to be changed regularly, as the operation site will bleed slightly. The nurse will provide you with pads before you are discharged home. It is important to keep the area clean and dry, preferably by patting the area dry, rather than rubbing.

It is usual to pass a small amount of blood following this procedure.

You may be given a gentle laxative to soften your motions. You should try to avoid constipation by drinking plenty of fluids and eating a high fibre diet.

You have had a general anaesthetic, so you should gradually build up to normal daily activities and should be ready to return to work a couple of days after your surgery. If you are unsure, your G.P. will advise you on this matter.

You may drive when you feel you can safely perform an emergency stop. This will not be for the first 48 hours following your surgery. Please check that your insurance policy does not prohibit you from driving for a longer period, following general anaesthetic or surgery.

Possible complications

Minor

- slight oozing of blood from operation site
- infection at the operation site
- constipation
- temporary difficulty passing urine

Moderate

- recurrence of fissure or fistula

Major

- severe bleeding or infection

Please contact your GP, if you develop:

- a temperature
- fresh bleeding or bruising
- redness or swelling at the operation site
- pus or drainage from the operation site
- prolonged or severe pain

If you have any problems or cause for concern please contact:

Your General Practitioner or the relevant Day Unit:

David Beevers Day Unit, St James's Hospital: 0113 206 5786
(Monday 8.00a.m. to Friday 8.00p.m. inclusive)

Wharfedale Hospital Day Unit: 0113 392 1713

Your outpatient appointment is:

Notes

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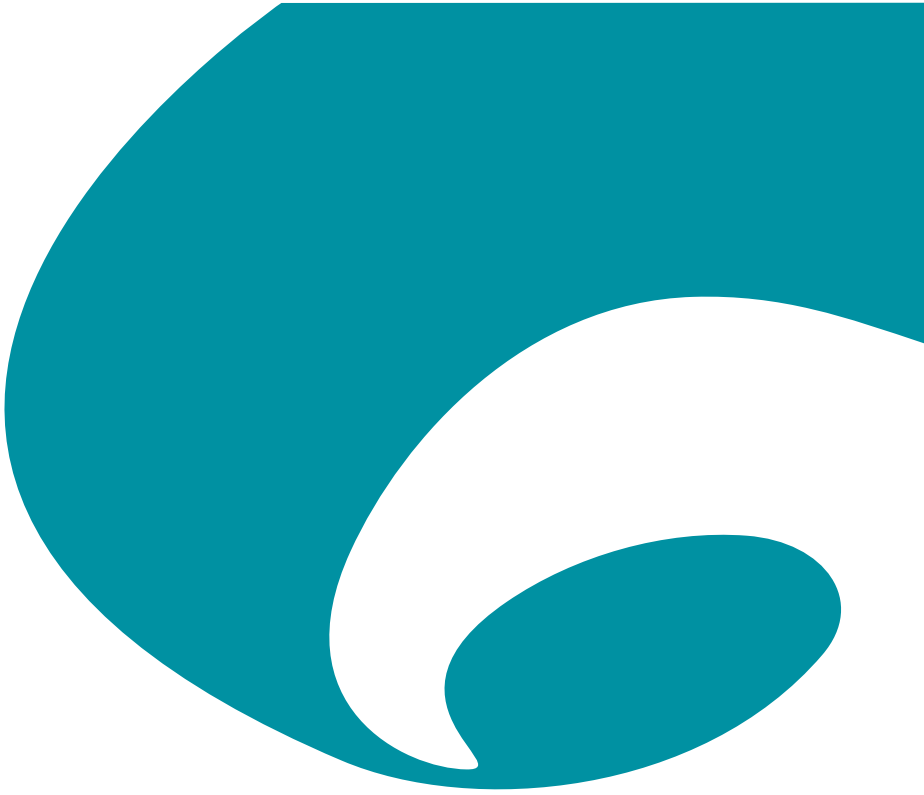
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