



Association of Coloproctology of Great Britain and Ireland

Procedure for prolapse and haemorrhoids (PPH)

Patient information



The Association of Coloproctology of Great Britain and Ireland (ACPGBI) is a group of 1000+ surgeons, nurses, and allied health professionals who advance the knowledge and treatment of bowel diseases in Britain and Ireland.

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This operation is also known as stapled anopexy. A specially designed circular stapling instrument is inserted through the anus (back passage) into the rectum.

The operation pulls the swollen and prolapsing blood vessels of the haemorrhoids (piles) back into their normal position by removing a circumferential section (complete ring) of the internal rectal lining. The wound is inside the rectum causing little pain.

Why do I need operation for piles?

Your surgeon would have discussed with you the various treatment options for piles. Surgery is uncommon. Treatment usually aims at diet improvement by increasing fluid and fibre intake and through avoidance of spending long periods of time or straining when using the toilet. If these measures are unsuccessful then piles can be injected or banded; a procedure performed at an outpatient clinic appointment. When this fails or if the piles start to prolapse then an operation is advised.

Why PPH?

Several studies have shown that the PPH operation is as effective as surgical removal of piles (haemorrhoidectomy) with the additional benefits of being associated with:

- Less post-operative pain
- A faster recovery time
- Shorter hospital stay
- Early return to normal activities and improved patient satisfaction

Do I need bowel preparation?

Yes. You may be required to have an enema or be given suppositories to insert in your back passage to help empty your rectum before surgery.

Will I need to stay in hospital?

The PPH operation is usually performed as a day case procedure allowing you to return home the same day. Either a general or regional (epidural, spinal) anaesthesia is used. Your surgeon and anaesthetist will discuss these choices with you.

Are there any complications with this operation?

There are risks as with all operations. Approximately, 1 in 15 (5-8%) patients may have further piles in the future. The complications after PPH include:

- Pain
- Bleeding
- A persistent urgent need to go to the toilet with some leakage
- Narrowing of the back passage (stricture)
- Rarely severe pelvic infection, and
- In females, fistula formation (false channel) between the rectum and vagina

What am I to expect, at home, after the operation?

Although the PPH operation is less painful than haemorrhoidectomy surgery, you may have discomfort within the back passage during the first few days after your operation. You will be given simple pain relieving medicine, by your surgeon or a specialist nurse, to take when you are at home. You may have an urgent need to

open your bowels even though there is nothing coming out. When you do go to the toilet there may be some bleeding though this usually stops within a few days.

What will happen to the staples?

The titanium staples used are very small; only a few millimetres long. Over a period of weeks and months some of them may pass during a bowel action. Most, though, remain at the operation site for ever. They will not cause difficulties and will not affect metal detectors during security check at airports.

When can I?

- **Exercise:** Almost immediately. Start with mild exercise and gradually build up to your normal activity levels over a period of a few weeks.
- **Sex:** Sexual intercourse may be uncomfortable for a week or two after surgery. It will not disturb the operation. However you should avoid anal sex for around 6 months to prevent injury to partners and disruption of staple lines internally.
- **Work:** You should feel well enough to return to work within 7-10 days though this will depend on your type of job and your body's healing rate.
- If you have any concerns or feel unwell once home after the operation, you should either call your own doctor (GP) or the hospital. Your surgeon or a specialist nurse will give you hospital telephone contact numbers.