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PRE- AND POST OPERATIVE CARE FOR MINOR PERIANAL OPERATIONS

This general guide is designed to provide background information to the operation that you will shortly undergo. It aims to supplement verbal discussion, to answer common questions and to be readily available as an *aide memoir*. It cannot cover in detail every aspect of your individual operation and may not deal with some areas that are of particular concern to you. These can be dealt with individually.

You should feel free to ask about any aspect of your care. All your questions will be answered fully, honestly and in as much detail as you wish. In the heat of the moment it is easy for questions that you intended to ask to slip from your mind. You should note on paper any questions that you may have.

Further information is available at the web site above. This site also provides links to other sites that may provide additional information.

Pre-operative preparation.

During the week prior to your surgery you should make a special effort to ensure your stools are soft. However, you should not get diarrhoea. You should include some easily digested fibre in your diet and drink 1.5 to 2 litres of fluid per day. You may also need to commence a stool softener, such as Lactulose to ensure the stools are completely soft.

Post-operative dressings.

Usually a small dressing is placed over the raw area. This remains in place for the first 18 to 24 hours. The following day you should have a bath and whilst lying in the bath this dressing should be gently removed. This can be uncomfortable and many patients require some form of pain relief, such as intramuscular morphine, before having their bath. Some wounds will need to be formally re-dressed and this requires the assistance of a nurse. If it is a deep wound then it is often necessary to give some pain relieving medication, such as morphine or nitrous oxide gas. In these cases it may be necessary for patients to remain in hospital until the dressing can be undertaken with comfort. In other cases the wound is more superficial and after the first dressing has taken place in hospital the patient can be discharged.

Managing perianal wounds at home.

Many perianal wounds require nothing further than regular baths or showers and the application of a light dressing to absorb any leakage from the open wound. Your many objective is to keep the wound clean rather than sterile. Leaning forward in the shower, or curling legs up in a bath will open the area and adequate washing obtained. It is not necessary to use salt; this may sting and dries out the skin.

Other cases require a daily visit from a nurse so that the wound can be dressed. In these cases it is helpful if patients have a bath and remove the dressings themselves prior to the arrival of the nurse.

Pain relief.

Open operations in the perianal area are usually uncomfortable, particularly when the bowels are opened the first few times after the operation. Your post-operative recovery will be slower if you do not have adequate pain relief.

Proper pain relief is very important for both holistic and physiological reasons. Patients often have an understandable reluctance to take pain relieving drugs. This is a mistake and may increase post-operative complications. The principal that underlies all methods of pain relief is that the drugs work best if you anticipate the pain. A small quantity of the drug taken regularly (even if pain free at that time) will work better than waiting for the pain to occur and then taking a larger dose.

Post-operative pain can be minimised with appropriate care. It is important that you do not let your stools become hard and you should follow the advice above, starting before your operation. Many patients find warm baths very soothing and it will do no harm if you have several baths per day. Do not put salt in the bath as this will dry the skin and may burn any open area.

Immediately after the operation you may require an injection to provide you with pain relief, but after that adequate pain relief can normally be achieved by oral medication. Regular Panadol, regardless of whether you have pain or not, is the foundation on which all pain relieving strategies are based. It should be used on a regular basis to provide background pain relief, regardless of whether you have pain or not, for a week after your surgery. Additional, stronger pain killers and/or anti-inflammatory drugs can be taken on top of the Panadol for break through pain.

Many stronger pain relieving drugs contain codeine or similar drugs and this will tend to cause constipation and a hard stool. This will make defaecation more painful. This is why you must make your stools soft prior to the surgery and continue with a laxative such as lactulose and drink plenty of water. Anti-inflammatory drugs can irritate the stomach and should be taken with food. Normally they can be stopped after seven days.

Management at home.

You are encouraged to be as active as possible. Dressings should be taken place as appears to be required. There may be some bleeding during the first few days and this should not cause alarm. In some cases there may be a brisker bleed at 10 days. Usually this stops of its accord, but if you are concerned you should seek advice.

Most perineal wounds are completely or near completely healed at six weeks. Some take longer.

You will need to be reviewed four to six weeks later.