

Maine Medical

PARTNERS

Surgical Care Casco Bay

Post-Operative Instructions

Anorectal Surgery

This is some information that can try to help your postoperative recovery go more easily.

Preoperative preparation:

For most anorectal procedures, the preoperative preparation involves an enema the day of the procedure. We strongly encourage patients to start on laxatives post-surgery to aid in bowel movements. If you are having a procedure for a fissure, typically there is no preoperative preparation. Most procedures will involve general anesthesia and, therefore, you should have nothing to eat or drink after midnight the day before the procedure.

Pain Control:

1. **Oxycodone:** Oxycodone is a narcotic that we use for pain control after surgery. This should be taken as needed directly following surgery. Typically one to two pills are taken every four to six hours. This is a narcotic and will affect your bowel habits. When you are able to wean off the Oxycodone, you should try to do this as soon as possible.
2. **Tylenol (acetaminophen):** Most patients can tolerate Tylenol regularly during the postoperative period. We suggest taking Tylenol on a scheduled basis 600 mg every 6 hours. You should not exceed 3000 mg of Tylenol in a 24-hour period.
3. **Ibuprofen (Motrin or Advil):** Ibuprofen is excellent for pain control, especially for younger patients. Some people do not tolerate this as it causes GI distress. If you are able to tolerate ibuprofen, we suggest taking this again on a scheduled basis for the first few days after surgery. Typically, 200 to 400 mg every 6 hours is the best. Again, you should not exceed 2400 mg in a 24-hour period.
4. **Ativan:** Often times associated with anal surgery, particularly hemorrhoidectomies, Ativan can help reduce the amount of spasm. Ativan is usually taken on an as needed basis every 6 hours.

Recommended schedule for postoperative pain management. Most patients tolerate Tylenol with ibuprofen on a regularly scheduled basis during the first few days after surgery. This can often limit the amount of overall narcotic that you need to take. We suggest taking the Tylenol and ibuprofen on a scheduled basis and supplementing with the Oxycodone on an as needed basis. The first few days you may indeed need to take Oxycodone.

While taking Ativan or narcotics, you should not drive a car or carry on any important business.

Dressings:

You will be discharged from the hospital with a gauze dressing. This is taped to your surgical site. This can be removed that evening or the morning after. Typically, you will not be asked to pack the area.

Pilonidal cyst procedures often require postoperative “packing” of your wound. The first packing should be removed in the first 12 to 24 hours. Often times you can have bleeding around the edges.

You can remove this by soaking in a bathtub and replacing gauze as needed daily. It is common to have discomfort the first few days while changing the packing.

Sitz Baths:

If you are having a hemorrhoidectomy, often time's sitz baths can make your postoperative recovery more comfortable. A sitz bath is simply immersing your bottom in some warm water for 10 or 15 minutes. We typically do not recommend longer than that. In addition, you should not add any soaps or salts to the area. This can be done two to three times per day but should not be done more than that.

Urination:

Some people have a temporary problem urinating for the first time after a procedure. If you are unable to urinate, you can try to sit in a warm bath tub to encourage this. If you are still unable to, you should call us and may need to go to the closest emergency room for catheterization.

Bowel Movements:

An important part of recovery is having regular bowel movements after surgery. Constipation will typically make the pain worse. We encourage patients to start on laxatives on the day of surgery:

1. Milk of Magnesia 2 tablespoons one to two times daily; or
2. MiraLax one capful daily.

You can start on these the evening of the procedure.

It is extremely important to avoid constipation, and if you go greater than two days without a bowel movement, please increase your laxative use or contact us for further discussion.

Diet:

Your diet does not have restrictions after surgery. Many patients choose to limit their diet intake. The most important advice is to encourage plenty of fluids so that you do not become dehydrated. You do not need to start directly on high fiber foods, though if you are used to these, you could continue them.

Bleeding:

Nearly every patient has bloody drainage or even a small amount of actual bleeding following an operation in this area. This may last for several weeks following the procedure. Worrisome bleeding is when you pass a bowel movement and mostly blood comes out or if you have several bloody bowel movements within a one or two-hour period. If this happens, call us immediately.

Recovering from a Hemorrhoidectomy:

After hemorrhoid surgery, you often times notice painful bumps on the anal area. These are post-surgical sites that will heal. They typically will feel raised and inflamed and will subside over the next three to four weeks. It is common after surgery to have the feeling of "tenesmus," which is a medical term used for the feeling of needing to have a bowel movement without any stool actually being present. Typically this is present due to the post-surgical inflammation. In addition, most patients have bleeding with bowel movements. This can last for several weeks. If you have worrisome bleeding or are passing bowel movements that are mostly blood over several episodes, please call us immediately. If you notice a stitch that has been shed or loose, that does not mean that the area will not heal. It is fairly common for stitches to become loose or fall out. If this happens, the area will still heal in. It is very uncommon to have infection post-surgery. Drainage is normal, and this typically will improve over the first week or two.

Follow-up:

We recommend follow-up visits approximately four weeks after surgery. If there are concerns, please do not hesitate to contact us during the postoperative recovery. We have surgical physician staff available 24 hours per day for emergencies, and you can call us at any time at (207) 761-6642.

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