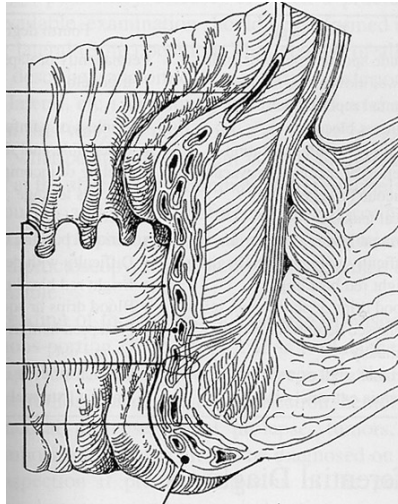


## Instructions Following Excision of a Thrombosed External Hemorrhoid

Hemorrhoids are enlarged, bulging blood vessels in the anus and lower rectum. There are two groups:

- **External hemorrhoids** develop near the anus and are covered by very sensitive skin. If a blood clot develops in one of them, a painful swelling may occur and is called a thrombosed hemorrhoid. Bleeding occurs only if it ruptures.
- **Internal hemorrhoids** develop within the anus and beneath the lower rectal lining. Painless bleeding and protrusion during bowel movements are the most common symptoms. However, an internal hemorrhoid may cause severe discomfort if it prolapses (protrudes from the anal opening) and cannot be pushed back in.



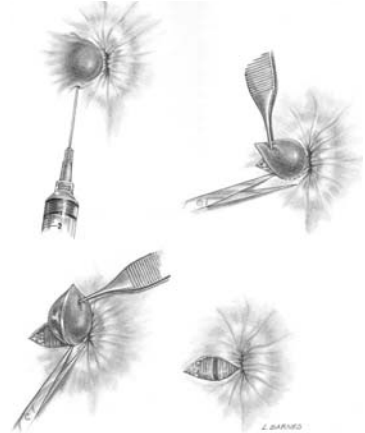
### What causes hemorrhoids?

- Aging
- Chronic constipation
- Pregnancy
- Heredity
- Straining
- Spending long periods of time (i.e. reading) on the toilet

Whatever the cause, the tissue supporting the veins stretches. As a result, the veins become engorged, and the blood vessel wall becomes thin and can bleed. If the stretch and pressure continue, the hemorrhoids can protrude.

## Excision of a Thrombosed External Hemorrhoid

After anesthetic is given, the skin over the blood clot as well as the clot is completely removed. A small open wound is left.



## Procedure and Wound Care

- A special dressing has been placed over the wound.
- The dressing should be left in place until a bowel movement or until tomorrow morning when it can be soaked off in the tub. You may use a small gauze or cotton after this to keep undergarments clean.
- No strenuous activity for 8 hours
- There will be pain when the local anesthetic wears off. Tylenol or the pain medication prescribed will usually control the pain. If you have questions, call our office for instructions
- It will take 10-14 days for the skin wound to heal. Do not be alarmed if itching, discharge, or bleeding occurs during this period as it is normal. If heavy bleeding occurs, place a large piece of cotton or gauze over the area and apply pressure or sit on a hard surface for 10 minutes. Call the office if bleeding persists.
- Keep your bowels moving daily. Use a fiber supplement (Metamucil, Konsyl, Benefiber) and/or a stool softener (Colace 100 mg twice daily or Surfak 240 mg daily) as needed. If this fails, use two tablespoons of milk of magnesia.
- Anal hygiene is important. Wash or sit in the tub after bowel movements. Warm sitz baths for 15 minutes 2-3 times a day may also help with discomfort.
- Return to the office as directed by your surgeon