



ANORECTAL SURGERY

Because of the location and sensitivity of the anorectum, examination under anesthesia is conducted to assess why a person may have anorectal pain, bleeding, urgency, discharge or change in bowel habits. Conditions that may be identified and treated under anesthesia include but are not limited to:

- Hemorrhoids
- Abscess and Fistula
- Fissure
- Pilonidal disease
- Tumors
- Rectocele
- Rectal Prolapse
- Fecal Incontinence and Constipation
- Sexually Transmitted Diseases
- Being unable to be examined in the office
- Unexplained symptoms such as bleeding, pain, urgency, incontinence, discharge etc.

ANORECTAL SURGERY INVOLVES:

- Receiving general or spinal anesthesia.
- Being positioned so that the surgeon can examine you.
- Receiving additional local anesthesia to relax the anal sphincters.
- Undergoing an examination that consists of
 1. Inspection- looking carefully at the anal area
 2. Digital examination-using a finger to feel for abnormalities
 3. Anoscopy- using a small anal tube to look at the anal canal
 4. Rigid proctoscopy- using a lighted tube to look at the anal canal and rectum. A flexible fiberoptic scope may be used to evaluate the colon when indicated.
 5. Having the necessary surgery performed.
- Going home the same day or the next day.



PREPARATION FOR SURGERY

- DO NOT TAKE blood thinners, aspirin and nonsteroidal anti-inflammatory agents (Motrin, alleve, Excedrin, ibuprofen) for one week before the surgery
- Patients taking coumadin or antiplatelet drugs should see their medical doctor before surgery.
- Tylenol may be taken for aches and pains.
- Consume only clear liquids on the day before surgery.
- Purchase the prescribed PEG preparation (MIRALAX OR GLYCOLAX) and consume FIVE CAPSULES WITH TEN GLASSES OF WATER OR CLEAR LIQUIDS the afternoon before surgery.
- DO NOT EAT OR DRINK ANY FOOD OR BEVERAGE for eight hours prior to surgery.
- Blood pressure and heart medications should be taken with a sip of water.
- People with diabetes should plan to arrive early at the hospital for intravenous fluids.
- Failure to comply with these instructions may result in cancellation of the procedure.

RISKS OF SURGERY INCLUDE BUT ARE NOT LIMITED TO:

1. Bleeding requiring blood product transfusion.
2. Infection involving the surgical site, urinary bladder, intravenous site or respiratory system (pneumonia).
3. Infection, abscess, or fistula of the abdominal, perianal and urinary areas. Such infections may require reoperation and possibly a colostomy or ileostomy. (Diversion of the fecal stream through a surgically created opening on the abdominal wall.) Reversing such a fecal diversion will require a second surgical procedure and general anesthesia at a later date.
4. Urinary retention (temporary inability to pass urine) requiring bladder catheterization.
5. Intestinal dysfunction following surgery requiring placement of a tube through the nose into the stomach, and possibly, intravenous nutrition with a large intravenous catheter placed into the central veins of the body.
6. Damage to the anal sphincters causing partial or complete incontinence.
7. Deep Venous Thrombosis and Pulmonary Embolism (blood clots in the legs and lungs)
8. A small but finite risk of stroke, heart attack, and death from anesthesia related complications.