



Royal Berkshire
NHS Foundation Trust

Advice following examination under anaesthetic and anorectal surgery

Adult Day Surgery Unit

This leaflet provides information and advice following a procedure to examine and/or treat an issue with your anus or rectum (bottom or back passage).

What is an examination under anaesthetic (EUA)?

This is a diagnostic examination done under general anaesthetic (you are asleep), often carried out in combination with other treatment procedures. Your surgeon will have discussed the possible treatment options for your specific symptoms with you prior to the procedure, but the more frequent ones are listed below.

- **Sigmoidoscopy:** Using an endoscope (thin flexible telescope) the surgeon can examine inside your back passage to determine if the cause of your problem stems from this area.
- **Biopsy:** A sample may be taken from the anus or rectum to be sent to the laboratory for the purposes of diagnosis.
- **Haemorrhoid (piles) treatment:** Haemorrhoids are cushions of muscle, elastic tissue and blood vessels that help stop leaking from the back passage. These are easily damaged and may swell and bleed, leading to discomfort, mucus discharge and itching. Simple pile treatments done in combination with EUA are 'banding' or 'phenol injections'. Banding cuts off the blood supply and phenol blocks and shrinks the problem areas. Other treatments include a HALO procedure (haemorrhoidal artery ligation operation) or occasionally a haemorrhoidectomy (surgical removal of the piles). There are additional information sheets regarding these procedures if you would like to know more.
- **Anal fissure treatment:** A fissure is a split in the lining of the anal canal which leads to spasm in the sphincter muscle. They can cause pain and bleeding when or after you have a poo. Your surgeon may advise a Botox injection as well as an EUA, but this will have been discussed with you beforehand.

Far less frequently, a lateral sphincterotomy is carried out for a fissure (where some muscular fibres of the sphincter are removed to reduce pressure and allow the fissure to heal) but this will have been discussed with you in detail before your surgery.

- **Fistula surgery:** A fistula is a small tunnel to the bowel in the skin surrounding the anus. This may require opening up to allow it to heal flat or you may have a small drain (seton) inserted. This will have been discussed with you before surgery and further information is available.
- **Excision of skin tags/fibrous polyps:** If an EUA identifies skin tags or fibrous swellings, they may be surgically removed during the procedure.
- **Anal dilation:** Sometimes, during the EUA, a narrowing of the anal canal is identified and a gentle stretching is carried out to improve bowel function.

Advice following the procedure:

Specific advice for the procedure you had will be discussed with you but the following general advice will apply to most patients:

- You may notice a moderate amount of blood coming from your back passage for 7-10 days following the procedure. This is normal and will eventually stop. If the bleeding continues or increases, please contact your GP for advice.
- It is normal to experience some pain for up to 2 weeks afterwards, depending on which procedure you have had done. Take regular painkillers (such as paracetamol and ibuprofen) to help relieve your pain.
- Avoid constipation by eating a high fibre diet (bran, fruit and vegetables) and drink plenty of non-caffeinated fluids. It is important to avoid straining during a poo. If required, you can take a stool softening laxative – ask your pharmacist for advice.

- Wash, or preferably have a bath, after each poo to reduce the risk of infection.
- You may notice (particularly after pile surgery) a piece of gauze soaked in Vaseline, or a foam dressing, coming out of your back passage. This is nothing to worry about and was inserted by the surgeon to help settle any bleeding.
- Any wound stitches are usually dissolvable. You will be told if this is not the case and you have stitches that need to be removed.
- You may have a dry pad over the wound to absorb any discharge. You may get further pads to take home, if necessary.

Additional post-operative instructions:

During the first 24 hours following your discharge

If you have any further concerns about your surgery, please telephone ADSU: 0118 322 7622. Mon-Fri 7.30am-10pm.

If you need help / advice outside these hours, please telephone the Royal Berkshire Hospital switchboard on 0118 322 5111 and ask for the on-call surgery doctor.

After 24 hours, please seek advice from your GP or NHS 111.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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