

# Hemorrhoid/Anorectal Surgery: Post-Op Instructions

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## General

- You will have residual drowsiness from the sedative/anesthetic; have someone drive you home.
- Do not drive or operate machinery for 24 hours or while under the influence of narcotic pain medication.

## Diet

- Let your appetite guide you; do not force food if you are not hungry.
- Drink plenty of liquids.
- If you experience nausea, stick to clear liquids until it resolves, then transition to easily digestible foods.
- Increase fiber (bulk) in your diet once you resume your normal routine.
- Avoid foods that cause diarrhea or constipation.

## Activity

- Take it easy; you may walk and use stairs as usual.
- **Do not** use an inner tube cushion to sit on; use a regular pillow if needed.
- Change positions regularly; lying down may help relieve pressure on the perianal area.
- You may shower or bathe as usual unless instructed otherwise.
- Abstain from sexual activity and vigorous exercise or weightlifting until pain resolves (typically 10–14 days).

## Medications

- Resume all regular medications unless they are blood thinners or you are otherwise instructed.
- **Pain Control:** Healing involves normal pain, especially after hemorrhoid surgery; the goal is to keep it at a tolerable level.
- Do not take pain medications on an empty stomach.
- **NSAIDs (Advil/Aleve):** Help reduce swelling. Do not take if you have ulcers, stomach irritation, an aspirin allergy, or excessive bleeding.
  - Advil (Ibuprofen): 600mg every six hours.
  - Aleve (Naprosyn): 220mg every 12 hours.
- **Tylenol (Acetaminophen):** 650mg every six hours; do not exceed 3,000mg per day.
- **Narcotics (Hydrocodone/Oxycodone):** Use for severe pain only. These cause constipation and require a handwritten prescription for refills.
- Always take a stool softener (Colace or MiraLAX) while using narcotics.

## Perianal Care

- There is a dressing in your rectum that will either absorb or come out during your next bowel movement.

- **Sitz Baths:** Soak in warm water for 5–10 minutes 2–4 times a day, and especially after every bowel movement, starting the day after surgery.
- Keep the area clean. Be gentle: **dab, don't wipe.**
- Some bloody, mucus-like, or yellow discharge is normal and will continue until the wound is healed.
- You may wear a panty liner or pad in your underclothes for spotting and cushioning.

### **Bowel and Urinary Management**

- Bowel movements may be associated with severe pain initially; this will improve over 1–2 weeks.
- **Avoid constipation.** Minimize straining and do not sit on the toilet for more than 5–10 minutes.
- Use bulk laxatives (Metamucil/Citrucel) or stool softeners (Colace) as directed.
- If no bowel movement occurs by the third day, use Milk of Magnesia and Senna/Dulcolax as instructed.
- If perianal pain makes urination difficult, try a sitz bath and pain medication.

### **When to Call the Doctor**

#### **Contact the office at (818) 461-3321 if you experience:**

- **Excessive Bleeding:** More than 1–2 ounces every 15 minutes that doesn't stop with pressure, or passing 1 cup of blood or more.
- **Urinary Retention:** Inability to urinate for 6–8 hours.
- **Infection:** Persistent fever over 101°F or increasing redness/pain.
- **Nausea/Vomiting:** Inability to keep down liquids.

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**Follow-up:** Call the appointment scheduling number to schedule your visit, usually 1–2 weeks after surgery.