Hemorrhoids are swollen veins inside or outside the anus. They may be caused by increased pressure, such as straining when having a bowel movement or pregnancy. Hemorrhoids can cause pain, bleeding, clots, and itching.

**Supplies**
A few days before surgery, buy:
- 1 bottle magnesium citrate – 10 oz.
- 2 sodium phosphate enemas

**Day Before Surgery**
Eat a light breakfast and lunch. Avoid greasy foods and red meat. Drink only clear liquids (no pulp, no dairy) after lunch. No food.

Clear liquids include:
- Water, sparkling water, soda
- Broth
- Juice with no pulp (apple, grape)
- Popsicles- no fruit fiber
- Gatorade G3 Recover®/silver label **bottle only** (+ protein)
- Jell-O® (no fruit in it) NO Jell-O® cups
- Coffee or tea, no creamer
- Gatorade®
- Crystal Light®
- Ensure® Active Clear

**2:00 pm** drink magnesium citrate 1 bottle. It is okay to drink this before 2 pm, once you are home for the day. It tastes best if chilled. Magnesium citrate may give you loose stools and some cramping. It could take 30 minutes to 8 hours for results. You may have bowel movements for hours after drinking it.

- **You may want to give yourself the first of two enemas this evening.** Take the second one in the morning, 1 hour before you leave for the hospital. See below.
- **Shower before bed and in the morning before leaving home.**

**The Day of Surgery**
- 1½ hours before you leave home, give yourself the first enema. Give yourself the second enema ½ hour later. Shower.
- **Do not** drink anything the last 4 hours before surgery.

**After Surgery**
**Rectal Care**
Take a sitz bath at least three to four times a day and after each bowel movement for several days. You can do this in two ways.
- Sit in bathtub filled with 3-5 inches of warm water. Add nothing to the water. Relax for at least 10-20 minutes, or
- Use a plastic tub that you place on your toilet.

Sitz baths help you heal and lessen the pain of rectal spasms. For comfort, you may want to sit on a towel in your bathtub.

Avoid toilet paper. Instead, spray the area with warm water after a bowel movement. We will give you a spray bottle or you may want to use a hand held shower. Gently pat dry with a baby wipe, (free of perfume, dyes and alcohol).
You will have yellow-red drainage for at least 7-14 days. Wear pads (free of perfume and dyes) in cotton underwear (use fragrance and dye free detergent) to monitor drainage. Change pads every 4 hours or as needed to limit wetness and prevent itching.

You may see more bloody drainage as you have bowel movements and become more active. You may have swelling at the anus with tissue protruding from anus. You may also have a lump or skin tags grow around the anus. This is your body’s reaction to the incisions made at surgery. These lumps will shrink as you heal.

**Activity**
- Plan for rest during the day. Expect to be up and around doing light duties each day to keep up your strength.
- Change position often for comfort.
- No driving while taking opioid pain pills.
- You may resume sex when your doctor says it is okay.
- Check with your doctor before you return to work. You may be out of work longer if your job involves lifting or sitting.

**Pain**
After surgery, you **will have pain**. With banding, you will have rectal pressure. At first, you will feel numb in your rectal area. You may be able to get home with no opioid pain pills. Once you are home, you may want to take a dose of pain pills before you lay down for your nap. You may need to take your pain pills **before** you have pain and take them on a schedule for at least the first 1-2 days to stay ahead of the pain.

On the pain scale 0-10, 10 is the worst, expect that your pain will be at 5-6 out of 10. This is a good pain goal. Do not drink alcohol, drive a car, or use heavy machines while you take opioid pain pills.

The first 5 days you will have a lot of pain. Expect to have pain with your first bowel movement. Do not hold off on having a bowel movement. Follow the urge to go when you feel it.

If you had banding, the bands fall off in 3-10 days. You will bleed and have more pain.

If you have stitches, they dissolve in 10-14 days. You will bleed and have more pain.

After 5 days you may have less pain. It is normal to see blood on your stool for weeks after surgery.

**Avoid Constipation**
Buy the stool softener, **docusate sodium**. Take at least 2 each day. Take these as long as you use the opioid pain pills and until you have your first bowel movement. This will help stool pass more easily. Follow package directions.

Buy a bulk fiber laxative, such as **Metamucil**®. If taken every day, it can prevent hard stools. Take it at least once a day, at the same time every day. Follow package directions. Do not start until after your first bowel movement.

Drink at least **8 glasses (8 ounces each) of fluid each day**. This helps you heal faster, helps your pain pills work better and can help prevent constipation. Drink enough fluid so that the color of your urine is light yellow or clear.
Diet
You may want to eat a soft or liquid diet until you have your first bowel movement. Once you have your first bowel movement, you may want to add other foods to your diet. Avoid spicy and acidic foods as you heal.

When to Call
- Large amounts of bright red blood from the rectal area that does not stop with firm pressure to the rectal area for 10 minutes
- Fever over 100.4°F (take your temperature daily for one week)
- Foul-smelling drainage
- Excess swelling in the rectal area
- Problems passing urine

Who to Call
Digestive Health Center
(608) 890-5000 or (855) 342-9900

After hours, weekends or holidays this number will be answered by the paging operator. Ask for the doctor on call or ask for Dr. Harms, Heise, Kennedy, Foley or Carchman. Leave your name and phone number with area code. The doctor will call you back.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 7/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4461