

NORTH BAY GENERAL SURGERY

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Anal Surgery

YOUR SURGERY DATE: _____ **with DR.** _____

SURGERY: _____

The Preadmission Clinic (PAC) will be calling you to arrange an appointment, at this appointment they will give you the arrival time for your surgery. Occasionally we are required to reschedule surgery dates due to emergency cases or urgent cancer cases. We make every effort to give you as much notice and will work with you to book a new date.

What is Anal Surgery?

The anal canal is the last portion of your colon that stool passes through when you have a bowel movement. Anal surgery encompasses any surgery to treat diseases or conditions with this area.

Why would I need Anal Surgery?

There are many reasons why someone could have anal surgery including:

- **Fistula-in-Ano:** This is when a tunnel that runs from inside the anus to somewhere in the skin. This can result in pain, redness, and swelling around your anus. You may also notice bleeding, painful bowel movements, fever, or a foul-smelling liquid oozing from an area around your anus.
- **Anal fissures:** An anal fissure is a tear in the lining of the anus. This may occur after passing a large or hard bowel movement. Anal fissures can be very painful, especially during bowel movements and there may be bright blood noticeable on the toilet paper.
- **Benign or malignant lesions:** These are growths located in the anal canal, symptoms can be varied but include, rectal bleeding, pain and noticeable lump in area.

What type of surgery will I have?

There are numerous surgical options and treatments for various types of anal disease. The type of surgery you will have greatly depends on the type of disease. This will be discussed with you prior to your surgery.

What are the risks of this surgery?

All surgeries carry risks, which include: Bleeding, infection, scars, pain, wound complications, heart and lung complications.

Risk specific to anal surgery: Incontinence, anal stenosis (narrowing of the anal canal), and recurrence of the problem.

What should I expect before my surgery?

Prior to your surgery, the pre-admission clinic at North Bay Regional Health Centre will book an appointment with you. This will either be done at the pre-admission clinic at the hospital or may be booked over the phone. During this appointment the nurse will gather health information from you and give you information about what to expect before/after surgery and answer any questions you may have. At this time, you may also have blood tests, an electrocardiogram, or any consultations with any other physicians as requested by your surgeon.

DO NOT SHAVE THE AREA PRIOR TO SURGERY, this can cause a greater infection risk. Excess hair will be removed at the hospital if required.

What should I expect the day of surgery?

The pre-admission clinic should give you all the information you need for the day of surgery. Please arrive to the day surgery unit at the North Bay Regional Health Center at the time instructed. Anal surgeries are done as a day surgery. This means that you will come into the hospital, have your surgery done, and then be discharged on the same day. It is important that you have someone to drive you home following surgery as you will not be allowed to drive or operate heavy machinery for a minimum of 24hrs after undergoing a general anesthetic.

What should I expect after surgery?

Incision: The incision is usually internal and most often will be closed using dissolvable sutures. Post-operatively there may be some minor bleeding that should resolve in the first day or two. There also may be some swelling, this is normal and will fade in time.

Pain: There will be pain from the incision area. Your throat may also be sore for the first 48 hours after surgery. You may be prescribed something for pain; or alternatively you may also take Tylenol 650mg every 4 hours. Sitz baths can also help keep the area clean and soothe pain. We recommend doing sitz baths two times per day for 20 minutes each.

Diet: Immediately after surgery you may feel nauseated. Start by drinking small amounts of clear liquid. If you do not feel nauseated, you may return to a normal diet. Ensure you are drinking enough fluids to prevent any bowel problems. Ensure you take stool softeners following surgery to minimize pain with the passage of stool.

Activity: Try to move and walk small amounts the day of surgery, and continue to increase your activity daily, this will ensure that your muscles remain strong, prevent blood clots, keep your bowels moving, and prevent any breathing problems. You may return to driving when you are no longer on pain killers and can comfortably use the gas / brake pedals and shoulder check.

Hygiene: You can shower immediately following surgery. Warm sitz baths are recommended to assist healing and control pain. Recommended two times a day for 20 min each until the pain has resolved.

Follow-up with surgeon: You should follow-up with your surgeon 8 weeks after your surgery. Please call your surgeon or report to the Emergency Department if you experience:

- Rapid increase in swelling or bruising in the first 24 hours after surgery
- Fever
- Pus or increased drainage from the incision
- Pain that is not relieved with medication

Returning to work: Most people return to work within 2-4 weeks following surgery as long complications have not occurred. Speak with your surgeon to get a more accurate time-line. You do not have to be assessed by your surgeon in a follow-up appointment before returning to work.