

STANDARD OPERATING PROCEDURE

Haemorrhoids Management

1. Purpose

To provide standardized guidelines for diagnosis, evaluation, treatment, and follow-up of patients with haemorrhoids to ensure safe and effective patient care.

2. Scope

Applicable to: General surgeons, surgical residents, medical officers, nursing staff and operation theatre staff

3. Responsibilities

Surgeon - Clinical diagnosis, decide treatment modality, perform procedures, manage complications and follow up care

Medical Officer/Resident - Initial assessment, documentation, assist procedures, post-procedure monitoring

Nursing Staff - Patient preparation, assist in procedures, post-procedure observation, patient education

OT Staff - Prepare instruments, maintain sterility, assist during surgery

4. Procedure

A. Diagnosis

History

- Bleeding per rectum (painless → internal haemorrhoids)
- Pain (suggests thrombosis or strangulation)
- Prolapse
- Mucous discharge
- Pruritus ani
- Constipation
- Straining
- Duration of symptoms
- Previous treatment

Red flag symptoms: Weight loss, change in bowel habit, anemia, family history colorectal cancer

Examination

General examination: Pallor, Vitals

Local examination:

1. Inspection
Look for: External haemorrhoids, Prolapsed internal haemorrhoids, Skin tags, Thrombosis
2. Digital Rectal Examination (DRE)
Assess: Sphincter tone, Mass lesion, Tenderness, Rule out malignancy
3. Proctoscopy - To confirm: Internal haemorrhoids, Grade haemorrhoids, Bleeding point

B. Classification (Goligher classification)

Grade I: Bleeding only, no prolapse

Grade II: Prolapse during defecation, reduces spontaneously

Grade III: Prolapse requiring manual reduction

Grade IV: Irreducible prolapse

5. Investigations

Routine cases may not require extensive investigations.

Basic: CBC (anemia), blood sugar, renal function, coagulation profile (if surgery planned)

If indicated: Colonoscopy (>45 yrs or red flag symptoms), flexible sigmoidoscopy, stool occult blood

6. Initial Management (Conservative)

Indicated for: Grade I, early Grade II, mild symptoms

Treatment: Diet: High fiber diet, vegetables, fruits, 2–3 L water/day

Medications: Stool softeners (Lactulose), flavonoids (Daflon if available), analgesics

Local treatment: Sitz bath (warm water 10–15 min), topical anesthetic ointment and steroid creams (short course)

Lifestyle: Avoid straining, avoid prolonged sitting, regular bowel habit

7. Specific Management

Office Procedures

Indications: Grade I, Grade II, Selected Grade III

Options:

Rubber Band Ligation (Preferred): Most effective OPD treatment, Apply band above dentate line

Injection Sclerotherapy: 5% phenol in oil for early haemorrhoids

8. Surgical Management

Indications:

- Grade III
- Grade IV
- Failed conservative treatment
- Complications
- Thrombosed haemorrhoids
- Recurrent bleeding

Procedures:

Open haemorrhoidectomy (Milligan Morgan)

Closed haemorrhoidectomy (Ferguson)

Stapled haemorrhoidopexy

9. Preoperative Preparation

- Consent
- Bowel preparation (if required)
- Antibiotic prophylaxis (single dose)
- Fasting 6 hours
- Anesthesia assessment

10. Postoperative Management

Monitoring: Vitals, bleeding, urinary retention, pain

Medications: analgesics, stool softeners, antibiotics (if indicated)

Local care: Sitz bath, dressing care

Diet: High fiber diet, adequate fluids

Mobilization: Early ambulation encouraged.

11. Monitoring for Complications

Early: Bleeding, pain, urinary retention, infection

Late: Anal stenosis, recurrence, fecal incontinence (rare)

12. Discharge Criteria

Patient may be discharged when: Pain controlled, no active bleeding, passing urine, able to tolerate diet, stable vitals

13. Follow up

Follow up schedule: 1 week: Wound review

4–6 weeks: Healing assessment

3 months: Recurrence check

Advise patient: Continue fiber diet, avoid constipation, regular bowel habit

14. Documentation

History: Symptoms, Duration

Examination: Grade haemorrhoid

Investigations

Procedure notes: Type of surgery, findings, complications

Postoperative notes: Progress, Discharge advice

Follow up notes.

15. Emergency Situations

Urgent management required if:

- Profuse bleeding
- Strangulated haemorrhoid
- Thrombosed external haemorrhoid
- Severe anemia

Management: Admit, resuscitate if needed, Urgent surgery if indicated