Postoperative complications

Postoperative complications

Postoperative complications may be early or late. Early complications include: /uni25CF Pain . Opiate analgesia, local anaesthetic agents, GTN and calcium channel blockers, together with botulinum toxin are useful postoperative adjuncts for postoperative pain.

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may need relief by catheterisation. /uni25CF Reactionary haemorrhage . This is much more com mon than secondary haemorrhage. The haemorrhage may be mainly or entirely concealed but will become evident on examining the rectum. If persistent following adequate analgesia, the patient must be taken to the operating the atre and the bleeding point secured by careful diathermy or under-running with a ligature on a needle, care being taken to avoid damage to the internal sphincter. Should a definite bleeding point not be found, the anal canal and rectum should be packed to ensure haemostasis and the area re-examined under anaesthesia on r emoval of the packs. Late postoperative complications include: /uni25CF Secondary haemorrhage . This is uncommon, occur ring about the seventh or eighth day after operation. If severe, the bleeding will need to be controlled under gen eral anaesthesia. /uni25CF Anal stricture . This must be prevented at all costs. A rectal examination at the postoperative review will indicate whether it may be necessary to dilate the anal canal under general anaesthetic. Daily use of a dilator should give a satisfactory result. /uni25CF Anal fissures and submucous abscesses . /uni25CF Incontinence . This occurs if there has been inadvertent damage to the underlying internal sphincter. Summary box 80.9 Complications of haemorrhoidectomy /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Early Late Pain Secondary haemorrhage Acute retention of urine Anal stricture Reactionary haemorrhage Anal /f_i ssure Incontinence

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