

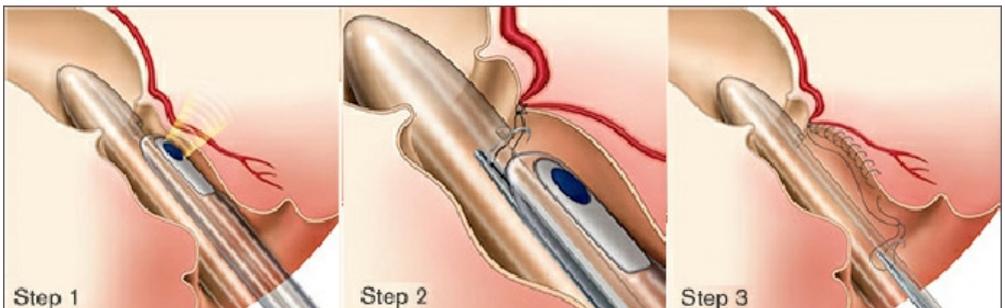
HALO procedure for haemorrhoids

Information for patients

The HALO (Haemorrhoidal Artery Ligation Operation) operation is usually performed under a general anaesthetic. During the operation the blood vessels feeding the haemorrhoids are identified using a special ultrasound probe in the anus. These vessels are then sutured to reduce the blood flow to the haemorrhoid.

Usually 3-4 vessels are found. The second part of the operation involves treating the prolapsing element of the haemorrhoids. Areas of haemorrhoidal prolapse are identified and sutures are used to gather the excess tissue up. This part of the operation is known as the **Recto-Anal Repair (RAR)**. The whole operation (HALO-RAR) takes around 45 minutes to complete.

External skin tags, if present, are not routinely removed but many do shrink in size after the HALO-RAR procedure.



After the operation

You are likely to experience some discomfort following this procedure. Medication may be prescribed to relieve the pain, but over the counter painkillers such as paracetamol and ibuprofen can also help.

A small number of patients can experience severe pain following this procedure but it is still less pain than with a standard haemorrhoidectomy and will still settle down quickly.

You may also experience some bleeding, which is normal, and you are likely to see blood in your first bowel movement following the surgery. A sponge dressing is often used after the operation, which is often passed during the first bowel motion. This may look more like “jelly” but is normal so don’t be alarmed.

It is recommended to take warm water sitz baths (shallow bath up to your hips) several times a day, to reduce the discomfort in your anal area. Do not add bubble bath or soap to the water, as this may encourage an infection.

You may also find that you have the feeling that you need to pass a motion. This feeling may last for a few weeks. It is important that you do not sit on the toilet trying to pass something that is not there, as this can lead to further complications.

For the next two weeks, to help with healing and to avoid putting pressure on your wound, please follow these instructions:

- No strenuous activity.
- No lifting of items over 10lbs (5kg), such as children or heavy bags of shopping.
- No exercise beyond a gentle walk.
- Bathe the area with warm water, to soothe and keep it clean. Do not apply any creams or ointments, unless you have been prescribed them.

Sexual Intercourse

You should refrain from sexual intercourse for two weeks after the procedure as this may disturb the operation site and delay healing. It may also increase the risk of the haemorrhoids recurring.

Do not insert anything in to your rectum during this time. If you are a woman, please do not insert anything into your vagina (such as tampons) for two weeks. Tampons increase the pressure on your rectal area, as the tampon will push against it.

Risks

All procedures carry some risk; these will have been explained to you before the operation. For a HALO procedure the risks include:

- **Urinary retention** (difficulty passing urine). This is a rare complication, which may occur, dependant upon several factors. These include the amount of fluids you are given during and after the surgery; the degree of pain you may be experiencing; and whether you have a previous history of difficulty passing urine.
- **Faecal impaction or constipation**, where a mass of faeces becomes “stuck” in the rectum. This may be due to the discomfort following surgery, which can worsen after passing a stool. This may cause you to hold in your stool to lessen your pain.

Holding in stool is a common cause of constipation. Morphine based pain medicines may also cause constipation. Eating bulk fibre, such as bran, as well as taking laxative medicines (such as lactulose or Movicol/Laxido), can help to prevent constipation. It is important to keep your bowels moving following the operation to reduce pain, prevent complications and to prevent recurrence of symptoms.

- **Infection**

Signs of an infection include generally feeling unwell, with a high temperature or very smelly discharge from your rectum that is not faecal (it may be yellow in colour).

If you are at all worried that you have any of these complications, please contact your GP or the hospital.

Stitches

Dissolvable stitches (sutures) will have been used so there is no need to have these removed, as your body will absorb them over the following weeks.

Follow up

A follow up appointment is usually suggested at about 3 months from the date of surgery. Sometimes symptoms can seem to worsen over the first few weeks, which is normal. However, it is important to wait for several months to observe the full effect of the operation.