

Recovering from Anal Surgery

How To Cope or Recover After Anal Surgery

Anal surgery can be very extensive, but often is necessary to establish a diagnosis of anal cancer or to ensure that anal cancer is not present. Sometimes the only way to obtain an adequate specimen is in the operating room. Our goal is to try to treat patients early, when they don't have large volumes of disease, so they can be treated in the office. This is a much easier process. (Please see the section on office-based treatment here [1].) We usually advise patients that they will need 2 to 3 weeks to recover from anal surgery before being able to return to work. This is a similar recovery period to a hemorrhoidectomy. Based on our experience we recommend the following as the best way to recover from anal surgery.

1. **The most important thing you can do to facilitate your recovery is to keep your bowels soft and moving and AVOID CONSTIPATION at all costs.** Most of the pain and discomfort that people have after this kind of surgery is related to bowel movements.
2. In the week prior to the surgery begin taking stool softeners such as Colace or Docusate and adding a fiber supplement to your daily routine such as Benefiber, Citrucel, Metamucil or a similar product. The goal is to have soft but formed stools.



3. Stay well hydrated and drink lots of fluids including juices and Gatorade. Your colon helps to maintain water balance in your body and if you get dehydrated this can cause constipation and hard stools.
4. You must continue to eat. Fasting to avoid having bowel movements does not work well as people find they end up feeling constipated after a few days and then strain to go to the bathroom, which is painful and can lead to fissures [2].
5. Eat a regular diet and avoid foods that are constipating; only you as an individual know what those foods are. Eat plenty of fresh fruits and vegetables. Avoid excessively hot and spicy foods that might burn on the way out.
6. As mentioned, most of the discomfort and pain that people experience is related to bowel movements and is directly due to spasm or cramping of the sphincter muscle, which is irritated because of the raw areas that were burned. The best way to get immediate pain relief is to **SOAK IN HOT WATER** immersing your pelvis as opposed to just taking a "sitz bath" while sitting on the toilet. We recommend that you **soak 6 to 8 TIMES PER DAY**

. Immediately after a bowel movement, you should soak. Soaking helps people to heal better and more quickly, often provides immediate relief of anal pain even when pain medications aren't helping, improves the blood supply to the area, and keeps it clean.



7. SOAK IN HOT WATER 6 TO 8 TIMES PER DAY!

8. Pain control is very important. Be sure to discuss this with your health care provider and let them know what medications work best for you. If you can take medications like ibuprofen or Advil or naprosyn or Aleve, these can be very helpful in decreasing the pain and inflammation and you should take them around the clock when you are not taking your other pain medication. They are also not constipating.
9. Usually we prescribe extra strength Vicodin or hydrocodone, also known as Lortab, but some people require Percocet or oxycodone. It's important to realize that all of these pain medications contain acetaminophen or Tylenol and that patients should not take

more than 4 grams per day, otherwise liver toxicity can occur. This translates to no more than eight (8) 500 mg tablets in a day. Patients with underlying liver disease such as chronic hepatitis should probably stay below this dose. Do not take extra Tylenol with these pain medications, but you can take Advil or Aleve.

10. All pain medications containing narcotics are constipating, so if you find that you are requiring a lot of pain pills, then you may need to take more fiber or stool softeners. Again, the goal is to avoid constipation at all costs. If you haven't had a bowel movement in 2 or 3 days, then consider taking a laxative such as milk of magnesia.



11. We also recommend that you apply topical numbing jelly to help ease the pain and decrease the need for narcotics, which can be done every 2 hours as needed. The most potent is called 5% anorectal lidocaine cream, or L.M.X.5 [3], which can be purchased over the counter and does not require a prescription. Unfortunately it is quite expensive at retail pharmacies such as Walgreens and similar stores selling for \$80 to \$100 for a 35 gram tube. Lidosome 5 [4] is a product that has similar effectiveness and may be cheaper. 5% Lidocaine ointment is another option and retails for about \$20 for a 35 gram tube and works reasonably well, although the LMX5 [3] seems to be more potent and longer lasting. It can be purchased online for about \$50 or less at Texas Electrolysis supply [5]. Insurance often does not cover the cost of the numbing jelly.
12. Unless patients have an allergy to sulfa drugs, they are sent home with a tube of Silvadene [6] cream. This can be applied after bathing and is used to help decrease symptoms, because it is used for burn patients. If you find you would rather put the numbing jelly on and are not getting any relief from the Silvadene, then it's OK not to use it. Some people find as time passes after surgery that they begin to heal but still have external wounds that are slow to heal. In this case sometimes applying Desitin [7], zinc oxide, or Dr. Smith's butt ointment [8] can be helpful.
13. It is normal to have bleeding and oozing after surgery and often it occurs with bowel movements. Do not be frightened about this and realize that just a few drops of blood will turn the toilet bowl red. If you are continuously passing blood clots or dripping large amounts of blood that doesn't stop with rest and simple pressure, call your physician. Rarely after surgery patients will have bleeding that is significant enough to require a trip back to the operating room on an emergency basis, but this is very uncommon.
14. If you had a lot of external disease treated, then you are more likely to have oozing and bleeding. Some people find that wearing feminine panty liners in their underwear can be helpful and cut down on the amount of laundry that needs to be done.
15. Infection is very uncommon, but if you develop a fever greater than 101.5 degrees Fahrenheit, then call your physician. Occasionally in people who are prone to herpes

outbreaks and are not receiving suppressive medication such as acyclovir or Valtrex, a herpes outbreak can be precipitated by the surgery. If this happens, it often occurs 5 to 7 days following the surgery and is recognized by the fact that just when things started to feel better, they suddenly begin to feel worse.

16. Activity should be as tolerated, but we recommend that you take it easy for the first week or so depending on how you are feeling. You need time to allow your body to heal. You also need to be close to your bathtub to be able to soak. It's probably a good idea to avoid putting yourself in situations where you will have to stand or walk or sit for extended periods of time. As you begin to heal and the pain abates, you can begin to resume your normal activities. Heavy exercise in which you increase your intra-abdominal pressure such as heavy sit ups, squats and leg lifts should probably be avoided for several weeks because of the possibility of causing spontaneous bleeding by aggravating your hemorrhoids.
17. The good news is everyone gets better; it just takes time. Sometime between 7 and 14 days, things begin to turn around and improve. That's a good sign that you will continue to get better on a daily basis, but don't push it too hard or too fast. Some people do amazingly well and have almost no pain and discomfort. Some people take little to no pain medications. Recovery is a very individual experience and seems to be somewhat different for everyone.
18. We usually recommend that patients return to be examined 2 to 3 months following the surgery. This is ample time to allow healing and allow people to be examined without causing significant pain or discomfort. Continued follow-up is very important and you should continue to be monitored on a regular basis, because the HSIL can and frequently does recur. Frequent monitoring may catch it at a time when it can be treated in the office avoiding another operation.
19. If you have anal sex, we also recommend that you wait 2 to 3 months before resuming receptive anal intercourse. It is important to start slowly, because scar tissue does not stretch as well or as quickly as normal skin and is more prone to tearing creating a fissure.

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Links

- [1] <http://preview.analcancerinfo.ucsf.edu/hsil-treatment-modalities>
- [2] <https://analcancerinfo.ucsf.edu/fissure>
- [3] <http://www.drugs.com/cdi/lmx-5-cream.html>
- [4] <http://www.drugs.com/cdi/lidosense-5-cream.html>
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