

# Procedure Recording Form

## Hemorrhoidectomy for Thrombosed External Hemorrhoids

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

How long have your symptoms been present \_\_\_\_\_

Pain with defecation Yes No

Tenderness Yes No

Pain with sitting Yes No

Discharge Yes No

Bleeding Yes No

Itching Yes No

Prolonged sitting or car rides for work Yes No

Previous problems with hemorrhoids \_\_\_\_\_

Previous hemorrhoid surgery \_\_\_\_\_

### **Procedure description:**

The patient gave informed consent for the procedure. Alternate procedures were discussed, and the patient elected to undergo excision of the thrombosed hemorrhoid. The patient was placed in the left lateral decubitus position. A gloved assistant separated the buttocks, and the anal canal was gently inspected for coexisting disease. The area was cleansed with povidone-iodine solution. The base of the hemorrhoid was infiltrated with 1 percent lidocaine solution. The patient tolerated the anesthesia well. Anoscopy was performed once the patient received the local anesthetic. A fusiform (elliptic) excision was made into the skin overlying the thrombosis. A clamp was placed onto the fusiform island of skin, and traction was applied upward as the hemorrhoidal plexus was sharply excised. Once the thrombosis and hemorrhoidal plexus were excised, the wound base was inspected and any residual clot or hemorrhoidal tissue was removed. Deep, buried 4-0 Vicryl sutures were placed to close the dead space. Good hemostasis was achieved, and good wound edge approximation was noted. Antibiotic ointment was applied. Gauze was placed over the site and held between the buttocks. The patient tolerated the procedure well.

Vicryl sutures placed close to the wound Yes No

Specimen sent for histologic evaluation Yes No

Complications: \_\_\_\_\_

Location of the thromboses: \_\_\_\_\_ o'clock on the anal canal with the patient lying in the left lateral decubitus position

Diagnosis: Thrombosed external hemorrhoid—excised

Plan:

Use stool softeners.

Limit straining at stool.

Use stool-building agents: Metamucil, one tablespoon daily in a large glass of orange juice.

Apply antibiotic ointment to the surgical site daily for one week.

Pain control: three to four tablets of ibuprofen (Advil, Motrin, Nuprin) with food, or two tablets of acetaminophen (Tylenol) every four hours if needed.

Postprocedure instruction form given to patient.

Physician: \_\_\_\_\_ CC: \_\_\_\_\_

*Adapted with permission from Zuber TJ. Office procedures. Baltimore: Lippincott Williams & Wilkins, 1999.*