

prospect guideline

procedure specific postoperative pain management

for haemorrhoid surgery

Systematic review and procedure-specific postoperative pain management recommendations

Surgery

The choice of surgery is mostly left to the discretion of the surgeon based on experience, expertise, type of haemorrhoids, and risk of relapse. Excisional surgery is more painful than other procedures.

Systemic analgesia

Systemic analgesia should include paracetamol and non-steroidal inflammatory drugs (NSAID) or cyclooxygenase (COX)-2 specific inhibitors administered pre-operatively or intra-operatively and continued postoperatively.

Dexamethasone

A single dose of intravenous dexamethasone is recommended for its analgesic and anti-emetic effects.

Bilateral pudendal nerve block

Bilateral pudendal nerve block provides an analgesic benefit.

Topical products

Topical metronidazole provides effective analgesia, as do topical diltiazem, topical sucralfate and topical glyceryl trinitrate.

Acupuncture

Acupuncture can be recommended as an analgesic adjunct.

Botulinum toxin

Local injection of botulinum toxin reduces postoperative pain.

Opioids

Opioids should only be considered as rescue analgesia.