

## PROCEDURE NOTE:

Ms. Stubbs underwent a saddle block prior to being brought to the OR. She was then brought into the Operating Room, at which time a surgical safety checklist was performed. No antibiotics were required. She was positioned in prone position. The perianal area was then prepped and draped in a sterile fashion. Looking at the perianal area, there were clearly 3 large hemorrhoids, 1 in the right posterior region, 1 in the left lateral region, and 1 in the right anterior region.

We first turned our attention to the right posterior hemorrhoid. We grasped the apex of the hemorrhoid with a hemostat. Then, using local anaesthetic, we injected some local anaesthetic in between the plane of the hemorrhoid and the sphincter muscles. Using electrocautery, we marked out where we wanted to excise the hemorrhoid. Then, with electrocautery, we carried out our excision. During this excision, we ensured to visualize and protect the internal sphincter. Just before completely transecting our hemorrhoid, we did a suture ligation of the hemorrhoid pedicle using a #1 Vicryl stitch. We then transected the hemorrhoidal tissue and sent this to Pathology. We then reapproximated the mucosal edges of our defect using the #1 Vicryl stitch. We did this in a running fashion and ensured to line up our anoderm appropriately. There was no tension on the repair. We then checked for hemostasis.

We next turned our attention to the left lateral hemorrhoidal tissue. We carried out the hemorrhoidectomy of the left lateral hemorrhoid using the same technique as above. We again then checked for hemostasis. We then turned our attention to the right anterior hemorrhoidal tissue and again proceeded to removing the hemorrhoid in the same way as we did the other 2 hemorrhoidal tissues. Again, we checked for hemostasis. There was no tension on the repair. We injected some local anaesthetic near each of our 3 repairs. The skin was then cleaned and dried and a dressing was placed over top. The procedure went well. There were no complications, and minimal blood loss. All counts were correct. The patient was taken to the Postoperative Care Unit in stable condition.