

HEMORRHOIDS

Hemorrhoids are enlarged or swollen veins in the anal canal. The most common symptoms of hemorrhoids are rectal bleeding, itching, and pain. You may be able to see or feel hemorrhoids around the outside of the anus, or they may be hidden from view, inside the rectum.

Hemorrhoids are common, occurring in both men and women. Although hemorrhoids rarely cause serious health problems, they can be annoying and uncomfortable. Fortunately, treatments for hemorrhoids are available and can usually minimize the bothersome symptoms.

SYMPTOMS OF HEMORRHOIDS

PAINLESS RECTAL BLEEDING - Bright red blood on the stool, in the toilet, or on the toilet tissue after a bowel movement. The amount of blood is usually small. However, even a small amount of blood in the toilet bowl can cause the water to appear bright red, which can be frightening. On occasion, bleeding can be heavy. While hemorrhoids are one of the most common reasons for rectal bleeding, there are other, more serious causes. If you see bleeding after a bowel movement, call your healthcare provider.

PAIN - Hemorrhoids can sometimes become painful. If you develop severe pain, contact your health provider.

TISSUE BULGING around the anus.

ITCHING and IRRITATION of skin around the anus.

RISK FACTORS FOR HEMORRHOIDS

- Older age
- Straining
 - Constipation
 - Heavy lifting
 - Diarrhea
- Pregnancy
- Sitting for prolonged periods of time

HEMORRHOID DIAGNOSIS

To diagnose hemorrhoids, your clinician will examine your anus and may insert a gloved finger into the rectum.

Hemorrhoids are usually not dangerous, but other more serious conditions should be ruled out.

Endoscopy allows your healthcare provider to look inside the anus and sometimes the colon.

This can include:

- Anoscopy
- Flexible sigmoidoscopy
- Colonoscopy

INITIAL HEMORRHOID TREATMENT

One of the most important steps in treating hemorrhoids is **avoiding constipation** (hard or infrequent stools). Hard stools can lead to rectal bleeding and/or a tear in the anus, called an anal fissure.

FIBER - Increasing fiber in your diet is one of the best ways to soften your stools. Fiber is found in many bran cereals, fruits and vegetables. The recommended amount of dietary fiber is 20 to 35 grams per day.

Several fiber supplements are available, including psyllium (sample brand names: Metamucil). Start with a small amount and increase slowly to avoid side effects of cramping and bloating.

WATER - Drinking 6 – 8 glasses of water per day allows dietary fibre to work better

LAXATIVES - If increasing fiber does not relieve your constipation, or if side effects of fiber are intolerable, you can try a laxative.

WARM SITZ BATHS- During a sitz bath, you soak the rectal area in warm water for 10 to 15 minutes two to three times daily. Sitz baths are available in most drugstores. It is also possible to use a bathtub and sit in 2 to 3 inches of warm water. Epsom salts can be added to the water. Do not add soap, bubble bath, or other additives. Sitz baths work by improving blood flow and relaxing the muscle around the anus, called the internal anal sphincter.

TOPICAL TREATMENTS - Various creams and suppositories are available to treat hemorrhoids, and many are available without a prescription. Pain-relieving creams and hydrocortisone rectal suppositories may help relieve pain, inflammation, and itching, at least temporarily.

You should not use hemorrhoid creams and suppositories, particularly hydrocortisone, for longer than one week, unless your healthcare provider approves.

REDUCE PROTRUDING HEMORRHOIDS - After a bowel movement, protruding hemorrhoids can often be pushed back into the anal canal to prevent further swelling.

RUBBER BAND LIGATION

Sometimes conservative measures are not effective to improve hemorrhoid symptoms.

Rubber band ligation is the most widely used procedure to treat hemorrhoidal bleeding or mild to moderate protrusion. It relieves symptoms in the majority of patients. It is not effective for treatment of anal pain.

Rubber bands or rings are placed around the base of an internal hemorrhoid to choke off its blood supply. As the blood supply to the hemorrhoid is cut off, the hemorrhoid shrinks and sloughs over several days. Many patients report a sense of PRESSURE after the procedure, which improves with pain medications and warm sitz baths. Usually no more than 3 hemorrhoids can be treated in a single setting as this would cause too much pain. Sometimes 2 or 3 sessions of banding are required to achieve the desired result.

Patients are encouraged to use stool softeners and fibre supplements to avoid constipation.

SIDE EFFECTS of hemorrhoid banding:

- Delayed bleeding may occur when the rubber band falls off, usually two to four days after the procedure. In some cases, a raw and sore area develops five to seven days following the procedure. Other less common complications of rubber band ligation include
- severe pain rarely occurs
- thrombosis of other hemorrhoids, and
- localized infection or pus formation (abscess). Rubber band ligation rarely causes serious complications.

HEMORRHOID SURGERY

This is reserved for larger hemorrhoids which cannot be pushed back into the anal canal

Surgical removal of hemorrhoidal tissue (hemorrhoidectomy) is reserved for EXTERNAL hemorrhoids which have not responded to less invasive treatments.

This is usually done in the operating room and results in a long and painful period of recovery.

For this reason, hemorrhoid surgery is an option of last resort.

If you need surgery, your doctor can help you decide which procedure is best for you.

WHERE TO GET MORE INFORMATION

Your healthcare provider is the best source of information for questions and concerns related to your medical problem.