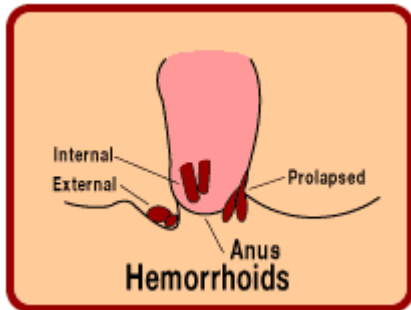


## Patient Information: Haemorrhoids

*This information sheet is for general information and is not to provide specific medical advice. You should discuss your medical condition with your doctor to ensure correct diagnosis, management and care.*



### What are Haemorrhoids?

Haemorrhoids, also known as piles, are engorged veins around the outlet of the bowel or anus (see picture). It is normal to have veins at this site but haemorrhoids develop when these veins enlarge associated with swelling of the delicate tissue around the veins.

External haemorrhoids are visible on examination of the outside of the anus where as internal haemorrhoids can only be seen with the use of an examination instrument.

Sometimes it can be difficult to make a clear distinction between normal calibre veins and haemorrhoids, like wise symptoms from haemorrhoids can be variable.

The most common problem is fresh bright red painless bleeding onto toilet paper or in with the stool. Often the amount of blood is small but sometimes it can be a lot, bleeding can also come and go over months or years.

Haemorrhoids do not develop into cancer. However, both haemorrhoids and cancer can cause rectal bleeding. In fact, many disorders can be the cause of rectal bleeding. When rectal bleeding occurs in persons over age 30, and especially in those over age 50, it should be considered a serious problem until an exact diagnosis is made. A doctor who directly examines the rectal area can make the specific diagnosis and may advise an examination of the bowel, called sigmoidoscopy or colonoscopy, where the bowel is viewed with an instrument to exclude polyps or cancer as a cause. Internal haemorrhoids can prolapse down (see picture), producing a lump felt after passing a stool, The prolapsed haemorrhoid often retracts by itself but sometimes it needs to be pushed back up.

Uncommonly, haemorrhoids clot and produce severe painful lump(s) making it difficult to even sit down, this condition needs to be assessed by your doctor as soon as possible.

### What causes haemorrhoids?

Prolonged standing, a familial tendency to haemorrhoids, pregnancy and obesity can predispose to haemorrhoids. Also pressure and bearing down while sitting on the toilet from constipation, diarrhoea or prolonged duration sitting on the toilet bowl can contribute to haemorrhoids. However some patients will have none of these conditions and still develop haemorrhoids.

### Treatment

#### General measures.

- Haemorrhoidal bleeding is fresh bright red blood and tends to be short lived. See your doctor again if you have dark coloured blood, heavy or prolonged bleeding.
- Avoid straining when passing a bowel motion
- Avoid sitting on the toilet bowl too long
- Eat a diet high in fibre, like cereal and bran, brown bread, fresh fruit and vegetables. Dietary fibre can also be supplemented with Metamucil or Normafibe or a similar product available from your chemist.
- If constipation is a particular problem, drink plenty of water, eat regular meals high in fibre and exercise regularly. Further information is available in the Irritable Bowel Syndrome information sheet and talk to your doctor about this.
- If the anal area is itchy, cease using soap as this causes a chemical irritation of the area, use Sorbolene cream as a soap substitute. Sorbolene can be purchased from your chemist. Also wash with Sorbolene after a bowel movement if possible. Keep the area dry by wearing loose clothing.

### Haemorrhoid ointments and suppositories.

These products are available from your chemist, some require a script from your doctor. They may be used at times when haemorrhoids are causing symptoms, but if there is no response after 1 week consult your doctor.

### Infrared coagulation of haemorrhoids

A small probe contacts, the anal area above the hemorrhoid, exposing the tissue to a burst of infrared light for about one second. This coagulates the veins above the hemorrhoid causing it to shrink and recede. The patient may feel a sensation of heat very briefly, but it is generally not painful. Therefore anesthetic is usually not required.

#### **Are There Any After Effects?**

Generally not. Most patients return to a normal lifestyle the same day. Pain can occur for a few days. You can take paracetamol. There may be slight spot bleeding up to 2 weeks later. Heavy straining or lifting should be avoided and aspirin should not be taken for a few days.

#### **How Many Visits Are Required?**

Many patients have more than one hemorrhoid. Therefore, most physicians recommend two or three visits at two week intervals, treating a different portion of the hemorrhoid tissue each visit.



### Ligation or Haemorrhoidal banding.

A relatively simple technique where rubber bands are applied above the haemorrhoids to induce scarring and obliteration of the dilated veins. Sometimes this is combined with injection of a scleroscent and local anaesthetic.

### Surgery.

Haemorrhoidectomy involves the excision of the haemorrhoidal veins but newer techniques are also being developed.

It is important to remember that haemorrhoids can recur after any of the above treatments.

### Thrombosed Haemorrhoids.

Thrombosed internal haemorrhoids cause severe pain and need surgery as soon as possible.

The clot in thrombosed external haemorrhoids may need to be evacuated, but often they settle down with conservative management such as salt baths, pain relievers, and a mild laxative to avoid constipation. The painful lump usually subsides over 1 week and the swelling eventually shrinks into a tag of skin.