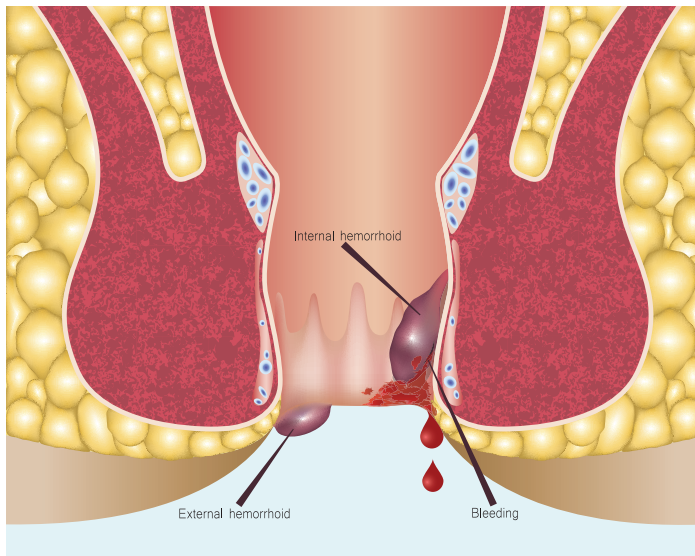


HEMORRHOIDS

WHAT ARE HEMORRHOIDS?

Often described as “varicose veins of the anus and rectum,” hemorrhoids are enlarged, bulging blood vessels in and around the anal canal and lower rectum. Hemorrhoid veins can become enlarged and tissues supporting the vessels stretch. The vessels expand, the walls thin, and bleeding occurs. When the stretching and pressure continue, the weakened vessels protrude.

- External hemorrhoids form near the anus and are covered by sensitive skin. They are usually painless unless a blood clot forms or they become very swollen. Large clots can cause significant pain, appear suddenly, and get worse during the first 48 hours. The pain generally lessens over the next few days. Bleeding occurs if the skin on top opens.
- Internal hemorrhoids form near the rectum, within the anus beneath the lining. An internal hemorrhoid can cause severe pain if it has slid out of the anal opening and cannot be pushed back inside.



WHAT ARE THE CAUSES OF HEMORRHOIDS?

The exact cause of hemorrhoids is unknown. Significant pressure is put on human rectal veins due to our upright posture, which can potentially cause bulging. Hemorrhoids do not cause or increase the risk of colorectal cancer. More serious conditions can cause similar symptoms. Other tests, such as

a colonoscopy, may be recommended. Everyone ages 45 and older should have a colonoscopy to screen for colorectal cancer.

Other contributing factors include:

- Aging
- Chronic constipation or diarrhea
- Pregnancy
- Heredity
- Faulty bowel function due to overuse of laxatives or enemas
- Spending long periods of time on the toilet (e.g., reading)
- Straining during bowel movements, caused by irritable bowel syndrome, constipation, or other bowel issues
- Long periods of sitting over time
- Coughing
- Asthma
- Power lifting

WHAT ARE THE SYMPTOMS OF HEMORRHOIDS?

- External Hemorrhoids: This area has feeling and many nerve endings, so it can be quite painful if the vein clots off, also causing swelling. They can lead to skin tags, or just a feeling like something is sticking out.
- Internal Hemorrhoids: This area does not have feeling and so it has no pain. They more often cause leakage, fullness, or an urgent feeling to go to the bathroom. They can protrude/stick out or bleed, especially if the person takes blood thinners.

Any of the following may be a sign of hemorrhoids:

- Bleeding during bowel movements
- Protrusion of skin during bowel movements
- Itching in the anal area
- Pain in the anal area
- Sensitive lump(s)

WHAT ARE THE NONSURGICAL TREATMENTS FOR HEMORRHOIDS?

Before trying self-treatments, a colorectal surgeon should review symptoms, perform a thorough examination, and recommend treatment. Mild symptoms frequently can be relieved without surgery, with pain and swelling usually decrease in two to seven days. The firm lump should recede within four to six weeks. The main treatment for helping hemorrhoid swelling and bleeding is lifestyle change and discipline.

- **Dietary Changes:** A high-fiber, high fruit and vegetable diet that includes 20-25 grams of fiber daily is essential for calming hemorrhoidal swelling. Limit red meat to two to three times a week and avoid alcohol. Drink more water to help prevent hard stools and aid in healing.
- **Exercise and Mobility:** Being more mobile and fit aids in preventing and reducing hemorrhoidal swelling. Aim for at least 30 minutes of vigorous exercise three times a week. Sitting, bowel habits, and irritable bowel syndrome symptoms worsen hemorrhoids.
- **Toilet Hygiene:** Shorten time on the toilet to one to two minutes to help prevent protrusion. Do not read phones or books on the toilet. If you don't finish, come back later. Avoid excessive straining to reduce the pressure on hemorrhoids and help prevent protrusion. Putting a stool in front of the toilet helps with straining, and pushing feet down rather than straining helps.
- **Medications:** Steroid creams with moisturizers like aloe or suppositories are recommended based on the type and severity of hemorrhoid. Over-the-counter fiber supplements can help make stools soft, formed, and bulky.
- **Sitz Baths:** Take warm tub baths (sitz baths) for 10 to 20 minutes, a few times per day to help the healing process.

WHAT ARE THE SURGICAL TREATMENTS FOR HEMORRHOIDS?

If pain from a thrombosed hemorrhoid is severe, a physician may recommend removing it. The procedures can be performed at the physician's office or at a hospital under local anesthesia.

- **Rubber Band Ligation:** A small rubber band is placed over the hemorrhoid, which falls off in a few days. Two to four treatments are needed to improve symptoms. Hemorrhoids are likely to recur without full lifestyle change, about 30% over a year. This treatment works well on mild internal hemorrhoids that protrude during bowel movements.
- **Injection and Coagulation :** This method can be used on internal hemorrhoids that do not protrude. Both methods are fairly painless and cause the hemorrhoid to shrivel. Several treatments may be needed. It cannot be used for external hemorrhoids.
- **Hemorrhoids Stapled and Sutured:** These methods can shrink internal tissue for internal hemorrhoids. These procedures are generally more painful than rubber band ligation, but less painful than hemorrhoidectomy.
- **Transanal Hemorrhoidal Dearterialization:** A stitch into the artery feeding the vein/hemorrhoids stops the blood flow and shrinks the hemorrhoid.

- **Hemorrhoidectomy:** Used for internal or external hemorrhoids, it is the most permanent solution with longest symptoms improvement and lowest rate of recurrence, but the most painful. It is used when clots repeatedly form in external hemorrhoids; ligation is not effective; the protruding hemorrhoid cannot be reduced, or there is chronic bleeding. Hospitalization and a rest period may be required.

WHAT ARE THE SURGICAL OUTCOMES FOR HEMORRHOIDS?

Surgical intervention outcomes hemorrhoids are good, with a 3% to 7% recurrence rate over five to 10 years for hemorrhoidectomy. Banding has less pain, usually only fullness or pressure for two to three days afterward, but a higher recurrence rate. Dearterialization has slightly less pain than hemorrhoidectomy and potential faster recovery, but a slightly higher recurrence rate at 7% to 10%.

WHAT IS A COLORECTAL SURGEON?

Colorectal surgeons are experts in the surgical and non-surgical treatment of diseases of the colon, rectum, and anus. They have completed advanced surgical training in the treatment of these



diseases as well as full general surgical training. Board certified colorectal surgeons complete residencies in general surgery and colorectal surgery and pass intensive examinations conducted by the American Board of Surgery and the American Board of Colon and Rectal Surgery. These colorectal surgical experts are well-versed in the treatment of both benign and malignant diseases of the colon, rectum, and anus and are able to perform routine screening examinations and surgically treat conditions when necessary.

Source: American Society of Colon and Rectal Surgeons



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