

HAEMORRHOIDS

- Haemorrhoids are one of the most common ailments known.
- More than half the population will develop haemorrhoids, usually after age 30.
- The average person suffers in silence for a long period before seeking medical care.
- Today's treatment methods have made haemorrhoid procedures much less painful.

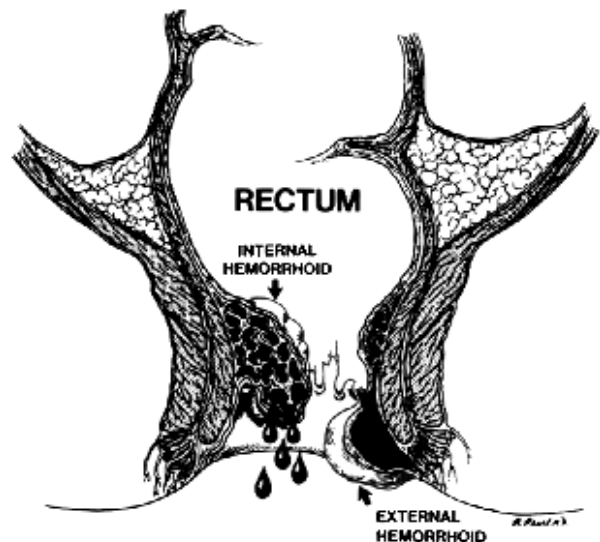
What are haemorrhoids?

Often described as "varicose veins of the anus and rectum", haemorrhoids really are enlarged anal cushions. They are a network of small blood vessels in and about the anus and lower rectum.

There are two types of haemorrhoids: external and internal, which refer to their location.

External (outside) haemorrhoids develop near the anus and are covered by very sensitive skin. If a blood clot develops in one of them, a painful thrombosis may occur. The external haemorrhoid feels like a hard, sensitive lump. It bleeds only if it ruptures.

Internal (inside) haemorrhoids develop within the anus beneath the lining. Painless bleeding and protrusion during bowel movements are the most common symptoms. However, an internal haemorrhoid can cause severe pain if it is completely "prolapsed" - protrudes from the anal opening and cannot be pushed back inside.



What causes haemorrhoids?

An exact cause is unknown; however, the upright posture of humans alone forces a great deal of pressure on the rectal veins, which sometimes causes them to bulge. Other contributing factors include:

- Aging
- Chronic constipation or diarrhoea
- Pregnancy
- Heredity
- Faulty bowel function due to overuse of laxatives or enemas; **straining during bowel movements**
- Spending long periods of time (e.g., reading) on the toilet

Whatever the cause, the tissues supporting the veins stretch. As a result, the veins dilate; their walls become thin and bleed. If the stretching and pressure continue, the weakened veins protrude.

What are the symptoms?

- Bleeding during bowel movements
- Protrusion during bowel movements
- Itching in the anal area (can be as a result of mucous leakage)
- Pain

Do haemorrhoids lead to cancer?

No. There is no relationship between haemorrhoids and cancer. However, the symptoms of haemorrhoids, particularly bleeding, are similar to those of colorectal cancer and other diseases of the digestive system. *Therefore, it is important that all symptoms are fully investigated.* Do not rely on over-the-counter medications or other self-treatments. Some patients will have a bowel cancer *and* haemorrhoids.

How are haemorrhoids treated?

Mild symptoms can be relieved frequently by increasing the amount of fiber (e.g., fruits, vegetables, breads and cereals) and fluids in the diet. Eliminating excessive straining reduces the pressure on haemorrhoids and helps prevent them from protruding. A sitz bath - sitting in plain warm water for about 10 minutes - can also provide some relief if thrombosed. With these measures, the pain and swelling of most symptomatic haemorrhoids will decrease in two to seven days, and the firm lump should recede within four to six weeks.

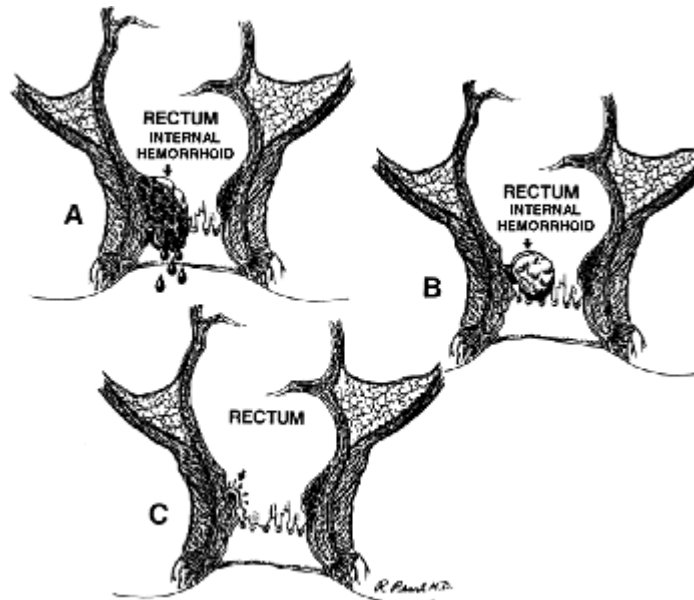
Persistent symptomatic haemorrhoids may require special treatment, much of which can be performed on an outpatient basis.

- **Ligation** - the rubber band treatment - works effectively on internal haemorrhoids that protrude with bowel movements. A small rubber band is placed over the haemorrhoid, cutting off its blood supply. The haemorrhoid and the band fall off in a few days and the wound usually heals in a week or two. This procedure sometimes produces mild discomfort and bleeding.
- **Injection sclerotherapy** can also be used on bleeding haemorrhoids that do not protrude.
- **Hemorrhoidectomy** - surgery to remove the haemorrhoids - is the best method for the permanent removal of haemorrhoids. It is necessary when (1) clots repeatedly form in external haemorrhoids; (2) ligation fails to treat internal haemorrhoids; (3) the protruding haemorrhoid cannot be reduced; or (4) there is persistent bleeding. A hemorrhoidectomy removes excessive tissue that causes the bleeding and protrusion. It is done under general anaesthesia and may, depending upon circumstances, require hospitalisation. **Stapled haemorrhoidectomy** is the latest advance. In this operation the surgery is performed up inside the anal canal. This results in vastly less post-operative pain.

Stapled Haemorrhoidectomy



- **Other treatments** include cryotherapy, bipolar coagulation and direct current. Cryotherapy, popular 20 years ago, consists of freezing hemorrhoidal tissue. It is not recommended for haemorrhoids because it is very painful. None of these treatments have gained widespread acceptance.

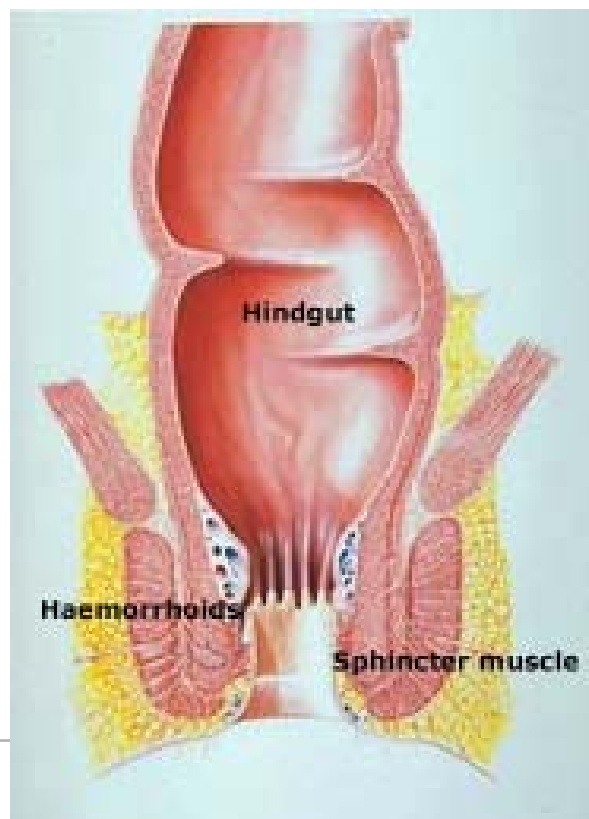


Rubber Band Ligation of Internal Haemorrhoids:

- A. Bulging, bleeding, internal haemorrhoid
- B. Rubber band applied at the base of the haemorrhoid
- C. About 7 days later, the banded haemorrhoid has fallen off leaving a small scar at its base (arrow)



Haemorrhoid Bander



Anatomy of the rectum, pelvic floor and haemorrhoids