



Hemorrhoids

HEMORRHOID BASICS

Hemorrhoids are swollen veins. Each of us has veins around the anus that tend to stretch under pressure. One set of veins is inside the rectum (internal) and another is under the skin around the anus (external). Hemorrhoidal tissue is thought to be helpful in holding back stool at rest and in cushioning the sphincter muscles when we empty our bowels. When these veins swell and bulge, they are called "hemorrhoids" or "piles." Swelling can be caused by straining to move your bowels, from sitting too long on the toilet, or from other factors such as pregnancy, obesity or liver disease.

SYMPTOMS

The most common symptom of internal hemorrhoids is bright red blood covering the stool, on toilet paper or in the toilet bowl. Bleeding starts when the swollen veins are scratched or broken by straining or rubbing. This can be aggravated by medicines that thin the blood. An internal hemorrhoid may protrude through the anus outside the body, becoming irritated and painful. This is known as a protruding or prolapsed hemorrhoid. Symptoms of external hemorrhoids may include painful swelling or a hard lump around the anus that results when a blood clot forms. This condition is known as a thrombosed external hemorrhoid. Irritation around the anus can cause bleeding and/or itching, which may produce a vicious cycle of symptoms. Draining mucus or stool residue may cause itching. The technical term for this itching is pruritus and it can be caused by either excessive rubbing or cleaning around the anus or poor hygiene with residual stool around the anus.

HOW COMMON ARE PROBLEMS WITH HEMORRHOIDS?

Hemorrhoid problems are very common in men and women. About half of all people have noticeable hemorrhoids by the age of 50. Many people have occasional bleeding from hemorrhoids, but most often the bleeding is self-limited. Women may begin to have problems during pregnancy. The pressure of the fetus in the abdomen, as well as hormonal changes, causes hemorrhoidal veins to enlarge. These veins also are placed under severe pressure during the birth of the baby. For most women, such hemorrhoids are a temporary problem.

DIAGNOSING HEMORRHOIDS

It is not normal to pass blood, so notifying your doctor of bleeding is important. Your doctor will likely exam your anus and rectum and possibly further examine the bowel. In the absence of a clot (thrombosis), the soft cushion of hemorrhoid tissue cannot be readily felt by examining with a finger, so examining the anal canal and colon with a flexible scope (colonoscopy or sigmoidoscopy) may be recommended.

TREATMENT

More Fiber

If the doctor finds hemorrhoids, you may be advised to change your diet to include more fiber. Eat more fresh fruits, leafy vegetables, and whole-grain breads and cereals (especially bran). Drinking six to eight glasses of fluid (not alcohol) each day will also help. Your doctor may recommend that you use a supplement that provides fiber and softens the stool or a stool softener. Softer stools make it easier to empty the bowels and lessen pressure on the veins. Your doctor might also recommend cold packs, tub bath, warm soaks (sitz bath) or bed rest.

Good Hygiene

Good hygiene is also important. Bathe the anus gently after each bowel movement using soft, moist toilet paper (or a commercial moist pad). Avoid a lot of wiping. If necessary, you can even use a bath or shower as an alternative to wiping. After bathing, dry the anus gently with a soft cloth or towel. To protect against irritation, cleanse the anus gently and apply zinc oxide paste (or powder) to the area. Medicated suppositories or creams are available at the drug store. Any of these home treatments

may relieve the symptoms and no other treatment may be needed. If symptoms persist, see your doctor.

PROCEDURAL TREATMENTS

In some cases, internal hemorrhoids that have fallen outside of the anus (prolapsed) or that bleed too much must be removed. Your gastroenterologist may be able to treat them during an outpatient visit to the office or to the hospital. A number of methods can be used to remove or reduce the number of hemorrhoids: Surgical treatment: Cutting out the hemorrhoids (hemorrhoidectomy) is sometimes recommended, but carries a painful recovery. Endoscopic: Endoscopic methods include the use of freezing, electrical or laser heat, or infrared light to destroy the hemorrhoidal tissue. Band ligation: The gastroenterologist or surgeon may use a technique in which a rubber band is put around the base of the hemorrhoid. The band cuts off circulation, and the hemorrhoid withers away within a few days. This technique is used only for internal hemorrhoids. Sclerotherapy: In this procedure a chemical is injected around the vein to shrink the hemorrhoid.

PREVENTION

Pass your bowel movements as soon as possible after the urge occurs. Avoid straining. Be active. Move around, walk and exercise to help move the stools through your body. Stay regular by eating enough fiber and drinking enough fluid. Most Americans only take in 13 grams of fiber in their daily diet, half of what is recommended. Adding fiber to your diet helps to produce stools that are softer and easier to pass.