

Hemorrhoids

Hemorrhoids are part of the normal anatomy of the anus and lower rectum. They act as cushions to protect the anal skin from the passage of stool. Hemorrhoids usually are not a problem, but they can become a problem if they swell, bleed or protrude -- come out of the rectum to the outside of the anus.

Hemorrhoids are either inside the anus, called internal, or under the skin around the anus, called external. Hemorrhoids that come from the inside are covered with the lining of the rectum, called mucosa, and those that are on the outside covered with skin. Sometimes the internal hemorrhoids are connected to external hemorrhoids.

With increased pressure that can be caused by pregnancy, obesity, heavy lifting and chronic straining to have a bowel movement, hemorrhoids may become problematic.

Symptoms

Although many people have hemorrhoids, not all experience symptoms. Internal hemorrhoids may cause bright red blood in the toilet bowl, a feeling of fullness or discomfort or mucus discharge. They also can protrude, or pop-out, with a bowel movement usually returning to the inside by themselves. External hemorrhoids are felt as a lump near the anus that can cause pain. The lump is caused by a blood clot causing a purple-blue color.

Because bleeding can be a symptom of [cancer in the colon or rectum](#), a colonoscopy may need to be done before we will treat your hemorrhoids. It is a diagnostic procedure that involves the use of lighted, flexible tubes inserted through the rectum. If you have a family history of cancer, are over age 50 or have other symptoms or risk factors, this test can catch colorectal cancer when it is small. This procedure is done as an outpatient basis. Small numbers of people who have had this operation may leak gas or stool.

Treatment

There are several ways to treat hemorrhoids. The best way may be to relieve the symptoms and prevent the hemorrhoids from becoming problematic. This is best done by:

- Taking a warm tub or Sitz bath several times a day in plain, warm water for about 10 minutes
- Using ice packs to reduce swelling
- Ensuring a regular, soft bowel movement by eliminating foods that lead to constipation, adding fiber to your diet, drinking lots of fluid and exercising regularly
- Spending less time on the toilet
- Trying to have a bowel movement when you get the urge rather than holding it

If your hemorrhoids do not respond to the above therapies or are already very problematic there are a number of other treatments options, including:

- **Rubber Band Ligation** -- Also called banding, this involves placing a very small rubber band around the base of the hemorrhoid inside the rectum. The band cuts off circulation and the hemorrhoid withers away within seven to 10 days. This leaves a scar that prevents further bleeding and prolapse. This is usually done in the office but sometimes it is done in surgery.

What to expect from banding:

- Bleeding in seven to 10 days when the hemorrhoid falls off
- Bleeding with bowel movements
- A dull ache and fullness in the rectum, which you can apply an ice pack to help relieve
- *If you have increased pain, fever and difficulty urinating you must return to the hospital immediately for removal of the rubber band*
- Avoid aspirin and non-steroidals (Ibuprofen-type pain pills) for 10 days
- You may return to daily activities right away
- **Sclerotherapy** -- A chemical solution is injected around the blood vessel to shrink the hemorrhoid. This causes inflammation and scarring. This is done in the office but has a higher chance of only working temporarily. You may return to daily activities right away.
- **Hemorrhoidectomy** -- When hemorrhoids are severe, extensive, prolapsing or incarcerated, they may require removal by surgery known as hemorrhoidectomy. This is done under anesthesia. Because there is a risk of causing permanent damage to the sphincter -- the muscle that controls your bowel movements -- this operation is only done if absolutely necessary.

What to expect from hemorrhoidectomy:

- You will experience a lot of discomfort from this procedure and you will not be able to return to regular activities for five to 10 days
- *If you are unable to urinate after the procedure, you must call your doctor*
- Avoid Aspirin and non-steroidal pain medications (like Ibuprofen) for 10 days
- Warm baths will be soothing
- Narcotics for pain control and stool softeners will be necessary and the first several bowel movements can cause bleeding and pain
- **Thrombosed External Hemorrhoids** -- When an external hemorrhoid develops, it can be treated with excision, or cutting open, of the hemorrhoid or clot if you are able to be seen within the first 24 hours of pain. After that, the hemorrhoid will begin to go away on its own and cutting it open will not help it heal more quickly. Warm baths are very helpful for this.
- **Creams and Suppositories** -- You may have noticed that there is no mention of creams or suppositories in this handout. We believe that these may help but they also can cause problems. The anal area prefers to be dry and because it is a very sensitive area, it can develop allergies to some preparations.

High Fiber Foods

In general, the average content of dietary fiber per serving of each of the food groups is as listed:

- Fruits -- 1 to 2 grams
- Nuts -- 6 to 8 grams
- Legumes, or beans -- 4 to 5 grams
- Vegetables -- 2 to 3 grams
- Refined grains -- 2 to 3 grams
- Unrefined grains -- label on package

Fiber Supplements

Caution:

- Do not take if you have a narrowing in your esophagus or in your intestines
- If you are a diabetic avoid the preparations with sugar
- If you need to watch your sodium intake avoid the psyllium preparation
- If you are taking Tetracycline avoid the polycarbophils
- If you have phenylketonuria avoid the preparations with Aspartame
- If you are taking Coumadin avoid the preparations with psyllium