

Haemorrhoids

What are Haemorrhoids?

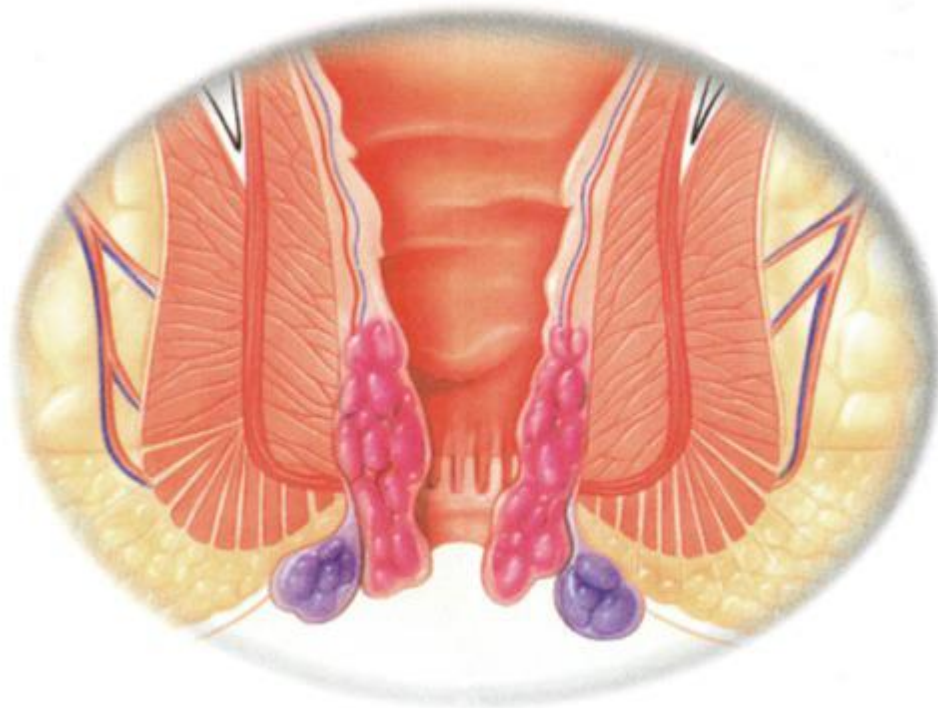
Haemorrhoids, often called piles, are areas in the anal canal where tissue containing blood vessels has become stretched or swollen and may extend beyond the anal canal opening either intermittently or permanently.

The main types of haemorrhoids are:

Internal haemorrhoids – arising from the lining of the lower rectum and anus

External haemorrhoids – arising from the skin around the opening of the anus

It is not unusual to have both internal and external haemorrhoids at the same time.



Anal skin tags – these are areas of excess anal skin which are usually painless but can cause significant itching and difficulties in cleaning the anus following a bowel motion. If necessary they can be surgically removed usually under local anaesthetic as an office procedure with good results.

What causes Haemorrhoids to develop?

- Constipation with straining to empty the bowel
- Diarrhoea
- Pregnancy and childbirth
- Obesity
- Straining to pass urine, especially in males suffering from prostate problems
- Family history - haemorrhoids seem to be more common if they affect other members of the family
- Heavy lifting
- Prolonged sitting or standing

Often there is no obvious cause for the development of haemorrhoids

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What are the Symptoms?

- Itching
- Discomfort and bleeding during bowel movements
- Swelling around the anal skin
- Less commonly anal mucus discharge and soiling of the underwear

Because rectal bleeding can occur for other reasons and because of the high rate of bowel cancer in New Zealand compared to the rest of the world, these symptoms need to be diagnosed accurately to exclude any other causes.

Diagnosis

Initially careful history regarding your symptoms and your personal and family medical history will be undertaken before the office examination. This will normally entail a routine abdominal examination, examination of the anal area with a rubber gloved finger followed by visual examination of the anus and rectum using a small lighted tube – an anoscope and/or sigmoidoscope. If there are concerns your surgeon may recommend visualisation of the rest of the bowel using a flexible fibre optic colonoscope. This examination is known as **colonoscopy**.

How are Haemorrhoids treated?

Non-surgical treatment - Small haemorrhoids will often go away by simply increasing fluid and fibre intake to soften the stool and avoid the need for straining. Careful anal hygiene will often reduce or cure anal itching. Try replacing soap and dry toilet paper by cleaning with a soft tissue using warm water and patting the area dry with a towel.

If your haemorrhoids are only causing mild discomfort your doctor may recommend local ointment or suppositories in conjunction with the above. These often contain steroids and it is better not to use them for more than a month.

Surgical Treatment - Undertaken as an office procedure

Band ligation of haemorrhoids - This treatment is effective for internal haemorrhoids which often bleed or prolapse through the anus. A small anoscope is inserted into the anus and a specialised instrument is used to apply a rubber band over one or two of the internal haemorrhoids. The rubber band tightens over the haemorrhoid blocking the blood supply and the haemorrhoid and band drop off usually after 4-7 days at which time you may notice minor rectal bleeding which normally settles within 12 hours. Analgesic support usually requires Panadol medication taken 1 hour before the procedure and for 24-48 hours after the banding procedure, and a relaxing warm bath will help to relieve any discomfort.

Band ligation should not be undertaken when you are taking blood thinning medications such as Warfarin or other anticoagulants.

Complications are very uncommon however if bleeding becomes severe you should contact your specialist immediately.

Very rarely severe infection can occur (less than 1 person in 100,000). If you suddenly feel unwell with fever and severe anal pain you must get medical attention immediately as treatment with antibiotics is urgent.

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Injection sclerotherapy

This treatment is effective for smaller internal haemorrhoids which itch or bleed. A small amount of irritant fluid is injected into the haemorrhoid causing it to shrink away. This technique is not particularly painful and is usually undertaken once or twice. It is associated with minor bleeding which usually settles over 3-4 days.

Very rarely urinary and prostatic problems can occur following the procedure but this is highly unlikely when undertaken by an experienced specialist.

Also very rarely severe infection can occur (less than 1 person in 100,000). If you suddenly feel unwell with fever and severe anal pain you must get medical attention immediately as treatment with antibiotics is urgent.

Hospital Based

Surgical Excision – Haemorrhoidectomy or surgical excision is usually undertaken for the treatment of combined internal and external haemorrhoids and less commonly for permanently prolapsed non-reducible large haemorrhoids.

Haemorrhoidectomy is undertaken in hospital operating theatre under general anaesthetic. Haemorrhoidectomy is very effective in achieving relief of symptoms and it is relatively uncommon for symptomatic recurrence to occur, although occasionally minor anal skin tags can persist after surgery and will be removed under local anaesthetic as an office procedure.

The procedure can be quite painful and for this reason post-operative analgesia, dietary advice and stool softening medication is arranged for the post-operative period.

Complications such as post-operative infection and significant post-operative bleeding are uncommon and any evidence of these should be reported to your surgeon as soon as possible.

Information covering your post-operative management and expectations will be provided pre-operatively.

Return to normal activities occurs usually within 2-4 weeks. You will routinely be contacted by the clinic nurse during the early post-operative period and be seen by the surgeon for review 2-3 weeks post operatively or beforehand if there any concerns.

Small thrombosed haemorrhoids can be excised surgically either using local anaesthetic as a Room's procedure.

Can haemorrhoids come back?

After successful treatment it is unlikely that haemorrhoids will come back.

To ensure this however it is essential to maintain a healthy diet with adequate fluid and fibre intake to ensure that well formed soft rather than constipated hard stools are passed.

Costs

Depending on the type of treatment offered the staff at The Endoscopy Clinic will be able to supply you with an estimate of the usual costs incurred for the various procedures.

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