

## Community Endoscopy Service

### Advice Sheet for Patients

#### Haemorrhoids

##### What are they?

We all have haemorrhoidal cushions. When the haemorrhoidal cushions become too big (inflamed) that is when problems occur. When this happens they are called piles or haemorrhoids.

There are three anal cushions and they are situated at the top of the anal canal about 3-4 centimetres in from the outlet of the anus. Haemorrhoids are not varicose veins; in fact these are very uncommon to find in the anus. Haemorrhoids do however contain a lot of little blood vessels, which are the cause of some of the symptoms associated with them. Loose bits of skin known as skin tags on the edge of the anus are often found with larger piles. These are not truly piles but can give rise to some of the symptoms associated with them.

##### What symptoms do they cause?

Any symptom that arises from the anus tends to be blamed on “piles” or “haemorrhoids”. In fact haemorrhoids are often not the cause of anal symptoms and this underlines the importance of a proper examination to establish a true cause and allow appropriate treatment to be prescribed.

Haemorrhoids **can** cause the following symptoms:

- Bleeding
- Pain
- Prolapse (piles dropping out of the anus)
- Itch and Irritation
- Discharge/Leakage

Remember:

1. Piles may cause one or a number of these symptoms.
2. These symptoms can be caused by diagnoses other than piles.

##### How are they treated?

The treatment depends on the amount and type of trouble they are causing. Small piles that cause few symptoms can be left alone.

A **healthy diet** is most important and in particular should contain generous amounts of fibre (green vegetables, fresh fruit, bran containing substances, and perhaps the use of fibre supplement such as Regulan, Fybogel or Isogel). Fibre produces a soft and bulky stool, which prevents damage to the anus and ensures the anus opens properly when a bowel motion is passed.

It is important to **avoid excessive and prolonged straining** when passing a bowel motion. Straining exerts pressure on the anal cushions which may cause them to be pushed down into and out of the anal canal and may also cause blood vessels in the cushion to rupture resulting in bleeding.

Apart from these important general measures the specific three treatments commonly used for piles are:

- **Injections**

In this treatment a substance known as phenol is placed into the pile by injection. Fortunately at the point where the anal cushions are situated, injections can be carried out with minimal discomfort in most cases. The injections are designed to shrink the pile, seal off blood vessels in the pile that may be bleeding, and also cause a degree of scar tissue formation which ensures the pile is fixed in the proper position in the anal canal. The treatment takes a few minutes to perform in out-patients. After it there is often a feeling of a dull ache for 24- 48 hours afterwards. There may be a little bleeding for a few days from the injection punctures. One treatment may be sufficient but it is not uncommon to have to carry out a further treatment later. After the injections are carried out you should be unrestricted in your activities. Bowel actions will normally continue as usual but it is wise to increase the fibre content in your diet after the treatment and if you become constipated take a mild laxative from the chemist such as Milpar. Pain killers are usually unnecessary.

- **Banding**

In this treatment a tiny rubber band is inserted over the pile within the anus in out-patients. This results in removal of that part of the pile which separates and drops out of the anus with a bowel motion after about five days. This separation may be accompanied by a little bleeding at the time. Some aching discomfort is usual for 48-72 hours. One or two people in every ten treated experience more marked or severe pain which may necessitate the use of pain killers and can curtail normal activities for 4-5 days until the pain settles. This treatment tends to be used for larger piles but only treats the **internal** portion of the pile.

- **Surgery**

Surgery (known as haemorrhoidectomy) is reserved for those piles that are too large to be controlled by the treatments mentioned above. About 15% of piles fall into this category and particularly those where there are prominent skin tags associated with the piles.

### **Resources on the web**

<http://www.bupa.co.uk/individuals/health-information/directory/p/haemorrhoids><http://www.nhs.uk/conditions/haemorrhoids/Pages/What-is-it-page.aspx>.