

Haemorrhoids

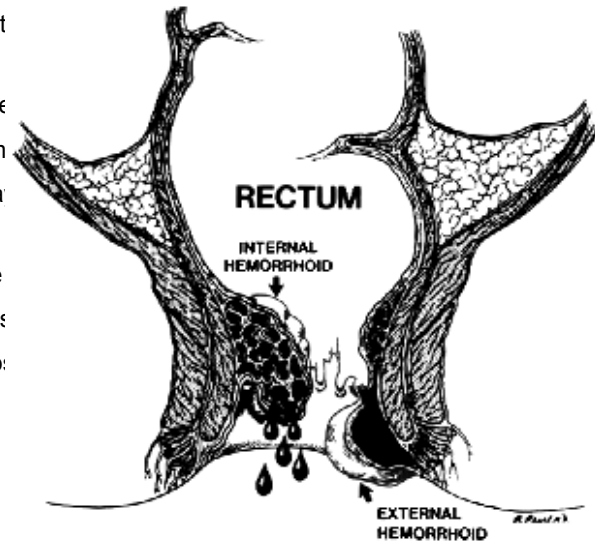
What are hemorrhoids?

Often described as "varicose veins of the anus and rectum", hemorrhoids are enlarged, bulging blood vessels in and about the anus and lower rectum. There are two types of

hemorrhoids: external and internal, which refer to

External (outside) hemorrhoids develop near the anus and are usually painless. However, if a blood clot (thrombosis) forms, it can be a painful, hard lump. The external hemorrhoid may

Internal (inside) hemorrhoids develop within the rectum. They are usually painless but can cause severe pain if they are completely "prolapsed" (pushed back outside).



What causes hemorrhoids?

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 diarrhea
- Pregnancy
- Heredity
- Straining during bowel movements
- Faulty bowel function due to overuse of laxatives or enemas
- Spending long periods of time (e.g., reading) on the toilet

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

What are the symptoms?

If you notice any of the following, you could have hemorrhoids:

- Bleeding during bowel movements
- Protrusion during bowel movements
- Itching in the anal area

- Pain
- Sensitive lump(s)

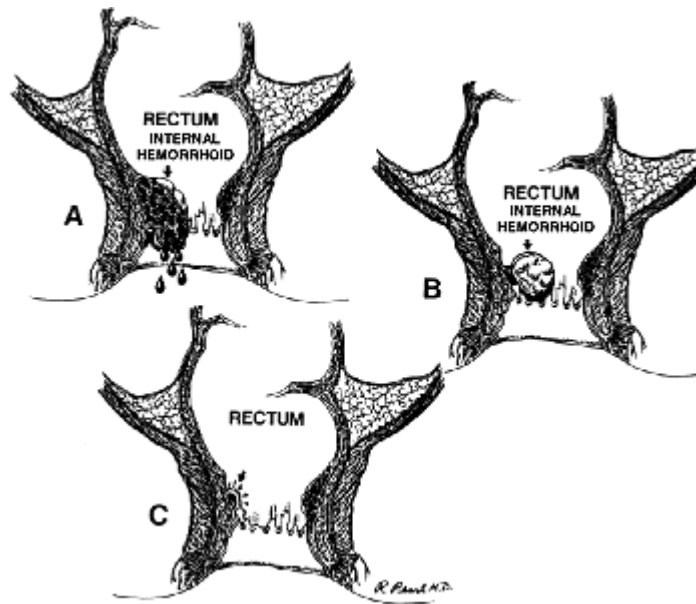
How are hemorrhoids treated?

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 hemorrhoids and helps prevent them from protruding. A sitz bath - sitting in plain warm water for about 10 minutes - can also provide some relief .

With these measures, the pain and swelling of most symptomatic hemorrhoids will decrease in two to seven days, and the firm lump should recede within four to six weeks. In cases of severe or persistent pain from a thrombosed hemorrhoid, your physician may elect to remove the hemorrhoid containing the clot with a small incision. Performed under local anesthesia as an outpatient, this procedure generally provides relief.

Severe hemorrhoids may require special treatment, much of which can be performed on an outpatient basis.

- **Ligation** – the rubber band treatment - works effectively on internal hemorrhoids that protrude with bowel movements. A small rubber band is placed over the hemorrhoid, cutting off its blood supply. The hemorrhoid 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 and may need to be repeated for a full effect.
- **Injection and Coagulation** can also be used on bleeding hemorrhoids that do not protrude. Both methods are relatively painless and cause the hemorrhoid to shrivel up.
- **Hemorrhoid stapling** – this is a technique that uses a special device to internally staple and excise internal hemorrhoidal tissue. The stapling method may lead to shrinkage of but does not remove external hemorrhoids. This procedure is generally more painful than rubber band ligation and less painful than hemorrhoidectomy.
- **Hemorrhoidectomy** – surgery to remove the hemorrhoids - is the most complete method for removal of internal and external hemorrhoids. It is necessary when (1) clots repeatedly form in external hemorrhoids; (2) ligation fails to treat internal hemorrhoids; (3) the protruding hemorrhoid cannot be reduced; or (4) there is persistent bleeding. A hemorrhoidectomy removes excessive tissue that causes the bleeding and protrusion. It is done under anesthesia using either sutures or staplers, and may, depending upon circumstances, require hospitalization and a period of inactivity. Laser hemorrhoidectomies do not offer any advantage over standard operative techniques. They are also quite expensive, and contrary to popular belief, are no less painful.



Rubber Band Ligation of Internal Hemorrhoids:

A. *Bulging, bleeding, internal hemorrhoid*

B. *Rubber band applied at the base of the hemorrhoid*

C. *About 7 days later, the banded hemorrhoid has fallen off leaving a small scar at its base (arrow)*

D.

What is stapled hemorrhoidectomy

Stapled hemorrhoidectomy is surgical technique for treating hemorrhoids, and is the treatment of choice for third-degree hemorrhoids. Stapled hemorrhoidectomy is a misnomer since the surgery does not remove the hemorrhoids but, rather, the abnormally lax and expanded hemorrhoidal supporting tissue that has allowed the hemorrhoids to prolapse downward.

For stapled hemorrhoidectomy, a circular, hollow tube is inserted into the anal canal. Through this tube, a suture (a long thread) is placed, actually woven, circumferentially within the anal canal above the internal hemorrhoids. The ends of the suture are brought out of the anus through the hollow tube. The stapler (a disposable instrument with a circular stapling device at the end) is placed through the first hollow tube and the ends of the suture are pulled. Pulling the suture pulls the expanded hemorrhoidal supporting tissue into the jaws of the stapler. The hemorrhoidal cushions are pulled back up into their normal position within the anal canal. The stapler then is fired. When it fires, the stapler cuts off the circumferential ring of expanded hemorrhoidal tissue trapped within the stapler and at the same time staples together the upper and lower edges of the cut tissue.

Who is a good candidate for stapled hemorrhoidectomy?

Stapled hemorrhoidectomy, although it can be used to treat second degree hemorrhoids (hemorrhoids that extend outside the anus with a bowel movement, but return inside), usually is reserved for higher grades of hemorrhoids - third and fourth degree. Third degree hemorrhoids can be pushed back into the anus after a bowel movement. Fourth degree hemorrhoids are always outside. If in addition to internal hemorrhoids there are small external hemorrhoids that are causing a problem, the external hemorrhoids may become less problematic after the stapled hemorrhoidectomy. Another alternative is to do a stapled hemorrhoidectomy and a simple excision of the external hemorrhoids. If the external hemorrhoids are large, a standard surgical hemorrhoidectomy may need to be done to remove both the internal and external hemorrhoids.