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WHAT YOU NEED TO KNOW ABOUT HEMORRHOIDS

...but were too embarrassed to ask

Most people are embarrassed to talk about hemorrhoids. Yet hemorrhoids are among the most common conditions that doctors treat, affecting about half of all adults at some time in their lives.

Also known as piles, hemorrhoids are swollen veins in the anus and/or rectum. They can cause mild itching or discomfort and often bleeding. Less often, the blood inside a hemorrhoid forms a clot, or *thrombus*, causing a great deal of pain.

INTERNAL AND EXTERNAL

Two types of hemorrhoids...

External hemorrhoids, which appear on the outer rim of the anus, are usually the most uncomfortable—partly due to abrasion (from sitting, rubbing against clothes, etc.). Also, this is where blood clots are most likely to form.

Internal hemorrhoids, which usually cause no pain, are in deep portions of the anal canal and rectum, where there are few nerve endings. The presence of blood on toilet paper or in the bowl often is the only sign of internal hemorrhoids.

Exception: Internal hemorrhoids become visible, and much more sensitive, when they push out, or *prolapse*, through the anus. These may require treatment if they don't pop back inside on their own. It is safe to gently push a prolapsed hemorrhoid back in. Often, simply sitting down will do this.

Both types of hemorrhoids usually are due to excessive anal or rectal pressure. This pressure is often caused by straining to have a bowel movement...constipation and/or diarrhea...and prolonged sitting, particularly on the toilet. Hemorrhoids also

are common during pregnancy because of increased pressure on the anal veins.

Important: Patients always should see a doctor if they see blood during a bowel movement. Bright red blood is usually due to hemorrhoids—but it can also be a warning sign of colon cancer. Dark or black stools can indicate bleeding higher up in the colon, and may be a sign of colon cancer. Call your doctor immediately.

BEST AT-HOME TREATMENTS

Simple remedies...

Warm water. Gently wash the area once or twice daily with a soft cloth moistened with warm water. Blot—don't rub—and don't use soap. It can increase anal irritation.

Also, sufferers can take a warm bath once or twice a day...or use a sitz bath, a basin that sits on top of the toilet seat and is filled with warm water.

Witch hazel, the active ingredient in a number of hemorrhoid products, is an astringent that shrinks swollen tissue. It also acts as a topical anesthetic to reduce burning and itching.

Over-the-counter hydrocortisone. Apply it to the hemorrhoid two to three times daily to reduce itching and inflammation. The cream is soothing and may reduce discomfort immediately. It is also available in suppository form. **Caution:** Don't use hydrocortisone for more than a week without a doctor's recommendation—it causes thinning of the skin, which can cause bleeding or worsen anal irritation.

MEDICAL TREATMENT

External hemorrhoids: The most painful external hemorrhoids contain blood clots. *Self-test:* Use a finger to feel the wall of the hemorrhoid. If there's a clot, you'll feel a hard "nugget" inside. The clot will break down and be reabsorbed by the body within seven to 10 days—but the pain may be so severe that the patient can't wait that long. For quicker relief, the hemorrhoid can be excised by a doctor. It is injected with an anesthetic, then a small incision is made to remove the clot.

Internal hemorrhoids: *Banding* is usually the first choice of medical treatment for a bleeding internal hemorrhoid. One or more small rubber bands are placed over the base of the hemorrhoid. This "strangles" the hemorrhoid by cutting off its blood supply. The hemorrhoid then disappears within a week. Banding can be done in a doctor's office and causes only mild discomfort. Patients should be up and about right away.

ADVANCED TREATMENT

Advanced treatment is most commonly required only for patients with Grade 3 or 4 hemorrhoids. Grade 3 is when a prolapsed hemorrhoid requires manual reduction (has to be pushed back in)... and Grade 4 is when a patient has hemorrhoids that are no longer reducible.

Two treatment choices...

Surgery: The procedure, called *hemorrhoidectomy*, involves cutting out the matlike vein bundles that contain the hemorrhoids. The surgery requires a local anesthetic with sedation, a spinal anesthetic or a general

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anesthetic. It's almost always done as an outpatient procedure, but some patients stay overnight in the hospital. Postoperative pain can be intense and is optimally managed with several medications, including narcotics, nonsteroidal anti-inflammatory drugs (NSAIDs), such as *ibuprofen*, and topical agents.

Stapling is a new procedure in which a circular device snips off a prolapsed hemorrhoid at the base and simultaneously staples the remaining tissue so that it stays in the proper position. This usually requires general anesthesia and is done as an outpatient procedure.

Stapling can be a good choice for patients with large internal (but not external) hemorrhoids. It causes less discomfort than traditional surgery, and patients re-

cover more quickly. I tell most patients to plan to be off work for one week if they have traditional surgery and a long weekend for the stapling procedure. However, the results of stapling may not be as durable as those from surgery. In a recent study of 269 patients who underwent stapling, 23 had recurrences—compared with only four patients in a comparable group of surgical patients. It's a judgment call as to which procedure is better.

PREVENTION

Patients who are prone to hemorrhoids can reduce their symptoms by making lifestyle changes...

Eat 25 to 30 grams (g) of fiber daily. High-fiber foods (fruits, vegetables, whole grains, etc.) cause stools to absorb water in

the colon. This makes the stools softer and larger, which reduces straining and pressure on the anal veins. High-fiber breakfast cereals are a good choice for people who have trouble getting enough fiber. Look for a product that contains at least five grams of fiber per serving. Or try an over-the-counter high-fiber supplement.

Drink six to eight glasses of water daily to keep the stools lubricated. This is especially important for patients who have increased their fiber intake.

Practice good "bowel habits." Go to the bathroom as soon as you feel the urge (waiting can cause stools to harden)...don't sit on the toilet for more than five minutes (no reading!)...and avoid straining to have a bowel movement. If you don't feel the urge, get up and try again later. ■ ■