

## Patient information

# Haemorrhoids (Piles)

Digestive Diseases Care Group

### What causes haemorrhoids?

There is a network of small veins (blood vessels) in the lining of the back passage. It is thought that these veins become wider and engorge with blood if the pressure in and around them is increased. The veins and overlying tissue may then form into one or more small swellings called haemorrhoids.

Certain situations increase the chance of them developing.

The common reason for haemorrhoids to develop is because of constipation, passing large stools (faeces), and straining when on the toilet. These increase the pressure around the veins in the back passage.

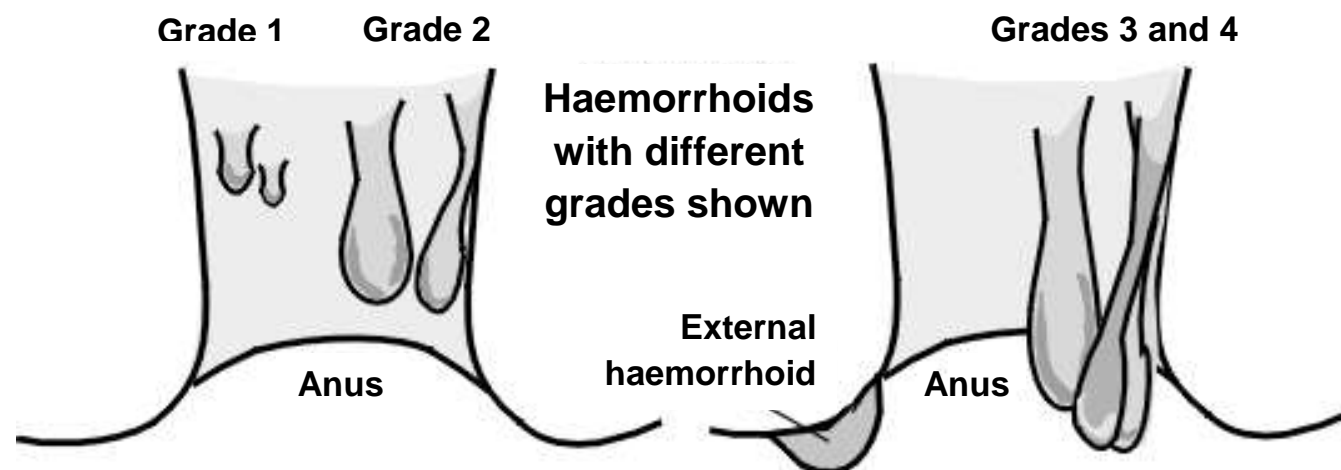
Haemorrhoids are more common in people who are overweight or obese.

Haemorrhoids are common during pregnancy due to pressure effects of the baby, and the hormone effects on the veins.

### What are the symptoms of haemorrhoids?

#### Internal haemorrhoids

These form in the back passage above the opening of the anus. Their severity and size are classified into grades one to four.



Symptoms can vary. Small haemorrhoids are usually painless. The most common symptom is bleeding after going to the toilet. Larger haemorrhoids may cause a mucus discharge, some pain, irritation, and itch. The discharge may irritate the skin around your anus.

You may have a sense of fullness in your anus, or a feeling of not fully emptying your bowel when you go to the toilet.

A possible complication of haemorrhoids that hang down (grade four) is a blood clot (thrombosis) that can form within the haemorrhoid. This is uncommon, but causes intense pain if it occurs.

### **External haemorrhoids**

This is less common than internal haemorrhoids. A small lump develops on the outside edge of the anus.

It can be very painful at first, but often settles and shrinks to become a small skin tag

### **What is the treatment for haemorrhoids?**

Avoid constipation and straining at the toilet.

Keep the stools soft, and don't strain on the toilet. You can do this by the following:

**Eat plenty of fibre** - fruit, vegetables, cereals, wholemeal bread, etc.

**Drinks** - adults should drink at least 10-12 cups of fluid per day.

**Fibre supplements** - such as bran can be taken if a high fibre is not enough to prevent constipation.

**Exercise regularly** - Keeping your body active helps to keep your bowels active too.

**Painkillers** - that contain codeine, such as co-codamol, should be avoided, as they are a common cause of constipation.

**Toileting** - go to the toilet as soon as possible after feeling the need. Do not strain on the toilet.

Do not spend too long on the toilet, which may encourage you to strain (for example, do not read while on the toilet.)

The above measures will often ease symptoms such as bleeding and discomfort. It may be all that you need to treat small and non-prolapsing haemorrhoids (grade one).

### **Soothing ointments, creams, and suppositories**

Various preparations and brands are commonly used. They do not 'cure' haemorrhoids. However, they may ease symptoms such as discomfort and itch.

A bland soothing cream, ointment, or suppository may ease discomfort.

They can be used as often as you like. Several brands are available without a prescription. Ask a pharmacist to advise you. One that contains an anaesthetic may ease pain better. You should only use these for short periods at a time (five to seven days). If you use it for longer, the anaesthetic may irritate or sensitise the skin around the anus. A pharmacist can advise.

A doctor may prescribe one that contains a steroid, if there is a lot of inflammation around the haemorrhoids. Steroids reduce inflammation and may help to reduce any swelling around a haemorrhoid.

This may help to ease itch and pain. You should not normally use these for longer than one week at a time.

Very painful prolapsed haemorrhoids are uncommon. The pain may be eased by an ice pack (or bag of frozen peas) pressed on for 15 to 30 minutes. Strong painkillers may be needed.

Haemorrhoids of pregnancy usually settle after the birth of the child. Treatment is similar to the above.

## **Banding Treatment**

This procedure is usually done in an outpatient clinic. A rubber band is then placed at the base of the haemorrhoid.

This cuts off the blood supply to the haemorrhoid which then 'dies' and drops off after a few days. The tissue at the base of the haemorrhoid heals with some scar tissue.

Banding is a common treatment for grade two and three haemorrhoids. It may also be done to treat grade one haemorrhoids that have not settled with the measures described above (increase in fibre etc).

Banding of haemorrhoids is usually painless as the base of the haemorrhoid originates above the anus opening - in the very last part of the gut where the gut lining is not sensitive to pain. Up to three haemorrhoids may be treated at one time using this method. In about eight in 10 cases, the haemorrhoids are 'cured' by this technique.

In about two in ten cases, the haemorrhoids recur at some stage (but you can have a further banding treatment if this occurs.)

## **Banding does not work in a small number of cases.**

Haemorrhoids are less likely to recur after banding if you do not become constipated and do not strain on the toilet (as described above).

A small number of people have complications following banding such as bleeding, urinary problems, or infection or ulcers forming at the site of a treated haemorrhoid.

## **Other treatment options**

Injection of a 'sclerosing' chemical into the haemorrhoid, freezing of the haemorrhoid, and photocoagulation are alternatives to banding, which can be done as an outpatient. However, these techniques are less commonly done than banding.

An operation to cut away the haemorrhoid(s) is an option to treat grade four haemorrhoids, and for grade two and three haemorrhoids not successfully treated by banding or other methods. This is done under general anaesthetic and is usually successful.

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## Further information

### Colorectal Specialist Nurses

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