



UNITED GASTROENTEROLOGISTS

Patient Education Sheet

HEMORRHOIDS OVERVIEW

Hemorrhoids are enlarged or swollen veins in the lower rectum. The most common symptoms of hemorrhoids are rectal bleeding, itching, and pain. You may be able to see or feel hemorrhoids around the outside of the anus, or they may be hidden from view, inside the rectum. Hemorrhoids are common, occurring in both men and women. Although hemorrhoids do not usually cause serious health problems, they can be annoying and uncomfortable. Fortunately, treatments for hemorrhoids are available and can usually minimize the bothersome symptoms.

HEMORRHOID SYMPTOMS — Hemorrhoids are more common in people who are older and in those who have diarrhea, pelvic tumors, during or after pregnancy, and in people who sit for prolonged periods of time and/or strain (push hard) to have a bowel movement.

Symptoms of hemorrhoids can include the following:

- Painless rectal bleeding
- Anal itching or pain
- Tissue bulging around the anus
- Leakage of feces or difficulty cleaning after a bowel movement

Rectal bleeding — Many people with hemorrhoids notice bright red blood on the stool, in the toilet, or on the toilet tissue after a bowel movement. The amount of blood is usually small. However, even a small amount of blood in the toilet bowl can cause the water to appear bright red, which can be frightening. Less commonly, bleeding can be heavy.

While hemorrhoids are one of the most common reasons for rectal bleeding, there are other, more serious causes. It is not possible to know what is causing rectal bleeding unless you are examined. If you see bleeding after a bowel movement, call your healthcare provider.

Itching — Hemorrhoids commonly cause itching and irritation of skin around the anus.

Pain — Hemorrhoids can become painful. If you develop severe pain, call your healthcare provider immediately because this may be a sign of a serious problem.

HEMORRHOID DIAGNOSIS — To diagnose hemorrhoids, your clinician will examine your rectum and anus, and may insert a gloved finger into the rectum. If there is bleeding, testing should include a procedure that allows your healthcare provider to look inside the anus (called anoscopy) or the lower colon (sigmoidoscopy).

INITIAL HEMORRHOID TREATMENT — One of the most important steps in treating hemorrhoids is avoiding constipation (hard or infrequent stools). Hard stools can lead to rectal bleeding and/or a tear in the anus, called an anal fissure. In addition, pushing and straining to move your bowels can worsen existing hemorrhoids and increase the risk of developing new hemorrhoids.

Fiber supplements — Increasing fiber in your diet is one of the best ways to soften your stools. Fiber is found in fruits and vegetables. The recommended amount of dietary fiber is 20 to 35 grams per day.

Several fiber supplements are available, including [psyllium](#) (Konsyl®; Metamucil®; Perdiem®), [methylcellulose](#) (Citrucel®), calcium [polycarbophil](#) (FiberCon®; Fiber-Lax®; Mitrolan®), and [wheat dextrin](#) (Benefiber®). Start with a small amount and increase slowly to avoid side effects.

Laxatives — If increasing fiber does not relieve your constipation, or if side effects of fiber are intolerable, you can try a laxative.

Many people worry about taking laxatives regularly, fearing that they will not be able to have a bowel movement if the laxative is stopped. Laxatives are not "addictive" and using laxatives does not increase your risk of constipation in the future. Instead, using a laxative may actually prevent long-term problems with constipation.

Warm sitz baths — During a sitz bath, you soak the rectal area in warm water for 10 to 15 minutes two to three times daily. Sitz baths are available in most drugstores. It is also possible to use a bathtub and sit in 2 to 3 inches of warm water. Do not add soap, bubble bath, or other additives in the water. Sitz baths work by improving blood flow and relaxing the muscle around the anus, called the internal anal sphincter.

Topical treatments — Various creams and suppositories are available to treat hemorrhoids, and many are available without a prescription. Pain-relieving creams and [hydrocortisone](#) rectal suppositories may help relieve pain, inflammation, and itching, at least temporarily.

You should not use hemorrhoid creams and suppositories, particularly [hydrocortisone](#), for longer than one week, unless your healthcare provider approves.

MINIMALLY INVASIVE TREATMENT — If you have bothersome hemorrhoids after using conservative measures, you may want to consider a minimally invasive procedure. Most procedures are performed as a day surgery. The following procedures are intended for treatment of **internal** hemorrhoids.

Rubber band ligation — **Rubber band ligation is the most widely used procedure. It is successful in approximately 70 to 80 percent of patients.**

Rubber bands or rings are placed around the base of an internal hemorrhoid. **As the blood supply is restricted, the hemorrhoid shrinks and degenerates over several days. Many patients report a sense of "tightness" after the procedure, which may improve with warm sitz baths. Patients are encouraged to use fiber supplements to avoid constipation.**

Delayed bleeding may occur when the rubber band falls off, usually two to four days after the procedure. In some cases, a raw and sore area develops five to seven days following the procedure. Other less common complications of rubber band ligation include severe pain, thrombosis of other hemorrhoids, and localized infection or pus formation (abscess). Rubber band ligation rarely causes serious complications.

Laser, infrared, or bipolar coagulation — These methods involve the use of laser or infrared light or heat to destroy internal hemorrhoids.

Sclerotherapy — During sclerotherapy, a chemical solution is injected into hemorrhoidal tissue, causing the tissue to break down and form a scar. Sclerotherapy may be less effective than rubber band ligation.

HEMORRHOID SURGERY — If you continue to have hemorrhoids despite conservative or minimally invasive therapies, you may require surgical removal of hemorrhoids (hemorrhoidectomy). Surgery is the treatment of choice for patients with large internal hemorrhoids.

Hemorrhoidectomy involves surgically removing excess hemorrhoidal tissue. It is successful in 95 percent of patients.

WHERE TO GET MORE INFORMATION — Your healthcare provider is the best source of information for questions and concerns related to your medical problem. For more information visit www.uptodate.com/patients



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