

Thrombosed or Prolapsed Hemorrhoids

For patients with severe, circumferential *thrombosed hemorrhoids* (hemorrhoids filled with blood clots, also called an *acute hemorrhoidal crisis*) and/or prolapsed hemorrhoids there are 2 primary treatment options:

- Surgical Excision
- or, Conservative treatment

To help you decide which option is best for you each option is reviewed below.

Surgical Hemorrhoidectomy:

For patients in severe pain from a hemorrhoidal crisis, surgical excision is a reasonable option.

Benefits:

- It removes the majority of the swollen, painful tissue
- It can decrease the total recovery time for some
- For patients in extreme pain (or difficulty walking), excisional hemorrhoidectomy will decrease the period of pain
- You are less likely to develop hemorrhoidal problems for some time

Potential Downsides:

- With conservative treatment you may recover completely just as quickly as with surgical excision
- The cosmetic results of excisional hemorrhoidectomy are somewhat unpredictable (you may heal with some permanent swelling or tags)
- Despite surgical excision, you may develop hemorrhoidal problems in the future

A Conservative Approach for an Acute Hemorrhoidal Crisis:

A non-operative approach to an acute hemorrhoidal crisis is usually appropriate in all but the most severe situations (extreme pain or inability to walk).

Benefits:

- No surgery required
- You may recover completely and never require hemorrhoid surgery
- Pain usually diminishes rapidly in several days

Potential Downsides:

- Your recovery may be longer than with surgery for those with a severe hemorrhoidal crisis, and with either approach, you will likely be house bound for several days.

Conservative treatment plan:

- Plan on spending the next several days on your couch:
 - Spend most of the time lying on your stomach with your bottom up in the air and your hips supported by several firm pillows (such as couch pillows). The ideal position places your bottom higher than your heart (like an upside down 'V'). Read or watch television, and rest.
- Take ibuprofen (a non-prescription anti-inflammatory drug) for discomfort. Ibuprofen decreases inflammation and is an excellent painkiller. It will not constipate you. It is best taken regularly rather than on an as needed basis. Take **600-800 mg (3-4 pills) three times a day with food (it can upset an empty stomach)**. *If you're over 70, have high blood pressure, diabetes, or kidney problems do not take ibuprofen before discussing it with your doctor.*
- Soak in a warm bath (with or without Epsom salts) three times a day until the swelling has subsided.
- Place an ice pack on your swollen external hemorrhoids several times a day while you lie with them up in the air. Placing ice water in a zip-lock bag and wrapping it with a moist wash-cloth works well. A bag of frozen peas works well too.
- Avoid constipation (I can't stress this enough):



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- **Take a fiber supplement daily at dinnertime (preferably *Konsyl*®- see “Taking a Fiber Supplement” PDF).**
- **If you go for a day without a BM take milk of magnesia, 2 tablespoons every 6 hours until you move your bowels. Once you have a BM, STOP the MOM or you will have diarrhea which will increase your discomfort.**

Once you are feeling better you can slowly resume your usual activities. Continue taking the fiber supplement daily for some time to avoid a hard, traumatizing BM.