Hemorrhoid Backgrounder

Hemorrhoids, one of the most common ailments known in both men and women, affect more than half the population at some point in their lives. Onset commonly occurs after the age of 30, but hemorrhoids are reported in people of all ages. According to the American Society of Colon and Rectal Surgeons, more than 525,000 patients in the United States are treated annually for symptomatic hemorrhoids. Of these, approximately 10 to 20 percent will require surgical treatment for their condition.

Hemorrhoids are swollen veins. Each of us has veins around the anus that tend to stretch under pressure, somewhat like varicose veins in the legs. It is believed these veins exist to protect and cushion the anal canal. When these veins swell, they are called "hemorrhoids." One set of veins is inside the rectum (internal hemorrhoids) and another is under the skin around the anus (external hemorrhoids).

Internal Hemorrhoids

Internal hemorrhoids usually are not painful, but may bleed. Sometimes, an internal hemorrhoid may stretch until it bulges outside the anus. This is called a prolapsed hemorrhoid. A prolapsed hemorrhoid can go back inside the rectum on its own, or it can be gently pushed back inside. If the prolapsed hemorrhoid cannot be pushed back inside, consultation with a physician about surgical treatment options is necessary.

External Hemorrhoids

External hemorrhoids involve the veins outside the anus. They can be itchy or painful and can sometimes crack and bleed. If a blood clot forms, one may feel a tender lump on the edge of the anus and see bright red blood on toilet paper or in the toilet after a bowel movement.

Symptoms of hemorrhoids, both external and internal, include aching after a bowel movement; anal or rectal itching; bright red blood on toilet tissue or in toilet bowl; and the appearance of anal tissue pads or sensitive lumps. When any of these symptoms are present, it is important to see a doctor to make sure the cause of the discomfort is hemorrhoids and not some other problem. When the patient visits a doctor for anorectal complaints, the evaluation should include observation, palpation, and anoscopic examination.

A person may be more likely to get hemorrhoids as they age or if their parents had them. Pregnant women often get hemorrhoids because of the strain from carrying the baby and from giving birth. For most women, such hemorrhoids are a temporary problem. Being overweight, straining to move your bowels, sitting too long on the toilet, or standing or lifting too much can make hemorrhoids worse. Constipation is the main cause of hemorrhoids.

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The following are tips for hemorrhoid prevention:

- Include more fiber in your diet. Fresh fruits, leafy vegetables, and whole-grain breads and cereals are good sources of fiber.
- Drink plenty of fluids (except alcohol). Eight glasses of water each day is ideal.
- Do not read on the toilet. Sitting and straining too long encourages swelling.
- Exercise regularly.
- Avoid laxatives, except bulk-forming laxatives, such as Fiberall®, Metamucil®, etc. Other types of laxatives can lead to diarrhea, which can worsen hemorrhoids.
- When you feel the need to have a bowel movement, don't wait for long periods before using the bathroom.

Following are tips to reduce the pain caused by hemorrhoids:

- Take warm soaks three or four times a day.
- Clean your anus after each bowel movement by patting gently with moist toilet paper or moistened pads, such as baby wipes.
- Use ice packs to relieve swelling.
- Use acetaminophen (Tylenol®), ibuprofen (Motrin®), or aspirin to help relieve pain.
- Apply a cream that contains witch hazel to the area, or use a numbing ointment. Creams that contain hydrocortisone can be used for itching or pain.

Treatment

Often, lifestyle changes, topical medications, and good hygiene are all that is needed to reduce the symptoms of hemorrhoids. Most painful hemorrhoids stop hurting on their own in one to two weeks. If the pain persists, it is time to talk to a physician about other treatment options.

In a certain percentage of cases, surgical procedures are necessary to provide satisfactory relief. The newest procedure for advanced hemorrhoids is called the Procedure for Prolapse and Hemorrhoids (PPH). PPH is a technique that reduces the prolapse (enlargement) of hemorrhoidal tissue. With the PPH procedure, patients experience less pain and recover faster than patients who undergo the conventional hemorrhoidectomy procedure.

PPH reduces the prolapse of hemorrhoidal tissue by cutting out a band of the prolapsed anal mucosal membrane with the use of a circular stapling device. The PPH procedure essentially "lifts up" or repositions the mucosal, or anal canal tissue, and restores the hemorrhoidal tissue back to its original anatomical position. This reduces blood flow to the internal hemorrhoids. These internal hemorrhoids, then, typically shrink within four to six weeks after the procedure. The PPH procedure results in less pain than traditional procedures because it is performed above the "pain" line, or dentate line, inside the anal canal. The advantage is this method affects

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few nerve endings, while traditional procedures are performed below the dentate line, affecting many sensitive nerve endings.

As with any surgical procedure, there are risks that accompany PPH. If too much muscle tissue is drawn into the device, it can result in damage to the rectal wall resulting in inflammation or infection. Moreover, the internal muscles of the sphincter may be damaged, resulting in short-term or long-term dysfunction, such as severe pain or incontinence.

For patients with a lesser degree of prolapse (internal hemorrhoids that have fallen outside the anus), rubber band ligation is widely used for the treatment of internal hemorrhoids. In this procedure, the hemorrhoidal tissue is pulled into a double-sleeved cylinder to allow the placement of latex/rubber bands around the tissue. Over time, the tissue below the bands dies-off and is eliminated during a bowel movement. Rubber band ligation can be performed in a doctor's office and requires little preparation. Often, however, there is the need for more than one procedure to resolve a patient's condition.

In cases involving a greater degree of prolapse, a variety of operative techniques are employed to address the problem. In traditional hemorrhoidectomy, surgery is used to remove the hemorrhoids. A hemorrhoidectomy removes excessive tissue that causes the bleeding or protrusion. It is done under anesthesia and may require hospitalization and a period of inactivity. During laser hemorrhoidectomies, a special, precise laser beam is used to burn away hemorrhoidal tissue.

Other treatments include cryotherapy, BICAP coagulation, and direct current. Cryotherapy, popular 20 years ago, consists of freezing hemorrhoidal tissue. It is not recommended for hemorrhoids because it is very painful. BICAP, also known as bipolar diathermy coagulation, and direct current, which is low current electric stimulation, are techniques that shrink the hemorrhoids and cause the hemorrhoidal tissue to die. None of these treatments has gained widespread acceptance.

Although anorectal conditions are benign and easily treated, patients may delay seeking medical advice because of embarrassment of hemorrhoids or fear of cancer. As a result, many patients first see a physician when the problem is advanced, requiring extensive treatment, and causing greater patient distress than if the conditions had been adequately diagnosed and managed at an earlier stage.

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