

MBBS (Hons) Syd. MMED (Clin Epi) FRACS  
Colorectal and General Surgeon - Provider No. 065326DK

## HAEMORRHOIDS

### What are haemorrhoids?

Haemorrhoids occur when the lower part of the anal lining expands. The lining at the anal canal has natural cushions and so haemorrhoids are considered a normal part of the body's anatomy. Only when they enlarge do they cause problems. They begin by enlarging internally before protruding out of the anus as external haemorrhoids. They are also known as piles.

### What are the symptoms of haemorrhoids?

1. Bleeding: This is the commonest symptom. The bleeding is fresh and can be of large volume. It appears separate rather than mixed with the stool.
2. Lump: As the internal haemorrhoid enlarges it will begin to protrude from the anal canal and appear as a lump. Initially this will go back into the anal canal after bowel movements or require pushing back in. Eventually they will stay out and then can be painful.
3. Pain: This is actually a rare symptom of haemorrhoids although most patients (and doctors) attribute all anal pain to haemorrhoids. Pain only occurs if there is a bleed into a haemorrhoid (thrombosis) or if the haemorrhoid does not return into the anal canal.
4. Hygiene: Some patients find having external haemorrhoids will make cleaning the anal area difficult.
5. Itchiness: External haemorrhoids can cause irritation.

### What causes haemorrhoids?

Haemorrhoids are caused by factors that increase pelvic pressure. Common causes are constipation, straining at stool, sitting on the toilet for long periods (especially reading on the toilet), pregnancy and childbirth. Some patients are more prone to haemorrhoids for unknown reasons.

### Are haemorrhoids associated with bowel cancer?

No, but all bleeding needs to be investigated.

### What investigations are required?

All bleeding needs investigation with a colonoscopy even if haemorrhoids are present and are the likely cause of bleeding.

### What is the treatment of haemorrhoids?

All patients need dietary management with increased fibre and water intake. This will control symptoms very frequently. Bleeding will need to be investigated with a colonoscopy and the best time for operative management of the haemorrhoids is at the time of colonoscopy. The surgery is dependent on whether the haemorrhoids are internal or external.

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### **Treatment of internal haemorrhoids**

These are best treated with rubber band ligation. This is done at the same time as a colonoscopy under anaesthesia but can be done without anaesthesia as well. It involves placement of a small rubber band around the haemorrhoid to cut off its blood supply and causes it to shrink down. It is relatively painless as the band is placed high in the anal canal at the origin of the haemorrhoid. There are no nerve endings there so no pain is experienced. There will initially be a feeling of fullness and you will feel the urge to open your bowels for a few days. There may be some bleeding after a few days.

### **Treatment of external haemorrhoids**

The only treatment of external haemorrhoids is surgical excision. This involves removal of the external and internal haemorrhoids. It is performed under general anaesthesia. It is a painful operation and patients require 7-14 days off work.

### **Can haemorrhoids come back?**

All treatments of haemorrhoids involve reducing the size of the haemorrhoid back to the normal sized cushions. If the factors that caused the haemorrhoids are still present the cushions can enlarge again.