



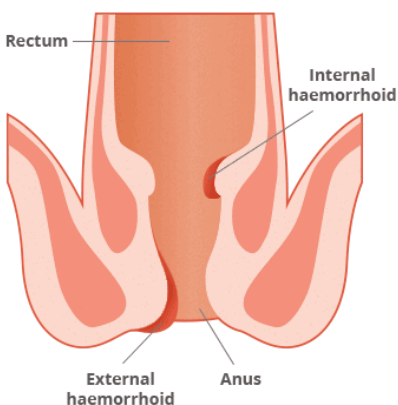
FAQs on  
**HAEMORRHOIDS**

## DID YOU KNOW

- Haemorrhoids are anal cushions. They line the anal canal providing cushioning and an air tight seal to the back passage.
- Whilst they are a normal finding: wear, tear and diseases can be troublesome.
- Symptomatic Haemorrhoids are one of the most common ailments known.
- More than half the population will develop haemorrhoids, usually after age 30.
- Millions of Indians currently suffer from haemorrhoids.
- People suffer in silence for a long period before seeking medical care.
- Newer treatment methods make haemorrhoidal removal much less painful, but the traditional surgeries are still the gold standard.

## WHAT ARE HAEMORRHOIDS?

They are often referred as "varicose veins of the anus and rectum," haemorrhoids are enlarged, bulging blood vessels in and around the anus and lower rectum. The rectum is the bottom section of your colon (large intestine). The tissues supporting the vessels stretch. As a result, the vessels expand, the walls thin





and bleeding occurs. When the stretching and pressure continue, the weakened vessels protrude. The two types of haemorrhoids, external and internal, refer to their location.

External (outside) haemorrhoids form near the anus and are covered by sensitive skin. They are usually painless unless a blood clot (thrombosis) forms or they become very swollen.

Thrombosed external haemorrhoids are blood clots that form in an outer haemorrhoid in the anal skin. If the clots are large, they can cause significant pain. A painful anal mass may appear suddenly and get worse during the first 48 hours. The pain generally lessens over the next few days. You may notice bleeding if the skin on top opens.

Internal (inside) haemorrhoids form within the anus beneath the lining. Painless bleeding and protrusion during bowel movements are the most common symptoms. However, an internal haemorrhoid can cause severe pain if it is completely prolapsed. This means it has slid out of the anal opening and cannot be pushed back inside.

### **WHAT ARE THE CAUSES OF HAEMORRHOIDS?**

The exact cause of haemorrhoids is unknown. A lot of pressure is put on human rectal veins due to our upright

posture, which can potentially cause bulging. Other contributing factors include:

- Aging
- Chronic constipation or diarrhoea
- Pregnancy
- Heredity
- Straining during bowel movements
- Faulty bowel function due to overuse of laxatives or enemas
- Spending long periods of time on the toilet (e.g., reading)
- Western toileting systems.

## WHAT ARE THE SYMPTOMS?

Any of the following may be a sign of haemorrhoids:

- Bleeding during bowel movements
- Protrusion of skin during bowel movements
- Itching in the anal area
- Pain in the anal area
- Sensitive lump(s)

## HOW ARE HAEMORRHOIDS TREATED?

**NONSURGICAL TREATMENT:** It is important that symptoms are checked by a colon and rectal surgeon first before you try self-treatments. They will perform a thorough examination and recommend treatment. Mild symptoms can be relieved frequently without surgery. With nonsurgical treatment, pain and swelling usually decrease in two to seven days.

*Treatment includes:*

- Eating a high-fibre diet and taking over-the-counter fibre supplements (25-35 grams of fibre/day) to make stools soft, formed and bulky.
- Avoiding excessive straining to reduce the pressure on haemorrhoids and help prevent protrusion.
- Shortening time on the toilet to only 1 to 2 minutes to help prevent protrusion, utilisation of an Indian toilet or Squatty potty.
- Drinking more water to help prevent hard stools and aid in healing.

**SURGICAL TREATMENT:** If pain from a thrombosed haemorrhoid is severe, your doctor may decide to remove the haemorrhoid and/or clot with a small incision. However conservative treatment with ICE still stays the gold standard for Thrombosed Haemorrhoids.

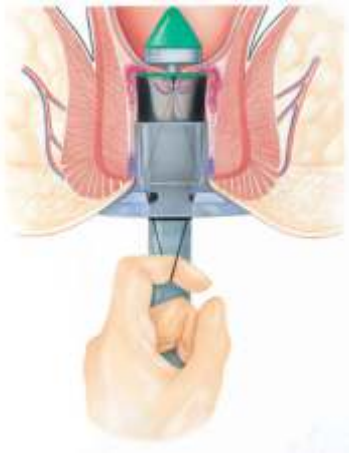
**Rubber Band Ligation:** This treatment works well on internal haemorrhoids that protrude during bowel movements. A small rubber band is placed over the haemorrhoid, cutting off its blood supply. The haemorrhoid and the band fall off in a few days. The wound usually heals in one to two weeks. Mild discomfort and bleeding may occur. This treatment needs to be repeated for complete treatment of the haemorrhoids depending on the size or if they return.

#### **RUBBER BAND LIGATION OF INTERNAL HEMORRHOIDS:**

- Bulging, bleeding, internal haemorrhoid
- Rubber band applied at the base of the haemorrhoid
- About seven days later, the banded haemorrhoid has fallen off, leaving a small scar at its base

**INJECTION AND COAGULATION:** This method can be used on internal haemorrhoids that do not protrude. Both methods are fairly painless and cause the haemorrhoid to shrivel. Several treatments may be needed. This cannot be used for external haemorrhoids. There is less of an interest in the injections in the recent past.





### **HAEMORRHOIDS STAPLED AND SUTURED:**

These methods can shrink internal tissue but cannot be used for external haemorrhoids. These procedures are generally more painful than rubber band ligation but less painful than haemorrhoidectomy.

**HAEMORRHOIDECTOMY:** This is the most complete surgical method for removing extra tissue that causes bleeding and protrusion. It is done for both internal and external haemorrhoids under anaesthesia using sutures. Depending on the case, hospitalization and a period of rest may be required.

Haemorrhoidectomy is considered when:

- Clots repeatedly form in external haemorrhoids
- Ligation is not effective in treating internal haemorrhoids
- The protruding haemorrhoid cannot be reduced
- There is chronic bleeding

### **DO HEMORRHOIDS LEAD TO COLORECTAL CANCER?**

Haemorrhoids do not increase the risk of colorectal cancer nor cause it. However, more serious conditions can cause similar symptoms. Even when a haemorrhoid has healed completely, your colon and rectal surgeon may request other tests. A colonoscopy may be done to rule out other causes of rectal bleeding. Every person age 45\* and older should undergo a colonoscopy to screen for colorectal cancer.

## WHO IS A COLON AND RECTAL SURGEON?

Colon and rectal surgeons are experts in the surgical and nonsurgical treatment of colon and rectal problems. They have completed advanced training in the treatment of colon and rectal problems in addition to full training in general surgery. Colon and rectal surgeons treat benign and malignant conditions, perform routine screening examinations and surgically treat problems when necessary.

### CONSULTING COLORECTAL SURGEON

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