Apollo HOSPITALS

INSTITUTE OF
COLORECTAL SURGERY

PILES N' PREGNANCY
What's the connect?

WHAT ARE HAEMORRHOIDS?

Haemorrhoids are also known as piles. They are enlarged blood vessels placed inside of the anal canal (back passage). They are also called as anal cushions. Entirely normal and physiological to have haemorrhoids. These an integral part of body and contribute significantly to our continence. They prevent us from leaking liquid stools or wind. Haemorrhoids sometimes can swell and cause discomfort. These lumps can cause series of unpleasant symptoms. The symptoms include swelling, bleeding, leakage, itching an inability to keep the back passage clean. Occasionally there can be a blood clot within these causing pain. This is called as thrombosed haemorrhoid.

WHAT ARE THE CAUSES OF PILES?

There are several causes for swollen piles. Constipation, straining, sitting for long hours, Heavy lifting and strenuous exercises are a few. Prostatic and liver problems can cause swollen piles. Pregnancy can also cause symptoms from swollen piles. Old age leads to weak pelvic floor and hence piles are more likely.

WHAT OR HAEMORRHOIDS SYMPTOMS?

Bleeding whilst evacuating, itching, mucus discharge, lumps around the back passage, lumps prolapsing in and out, feeling of fullness in the back passage are

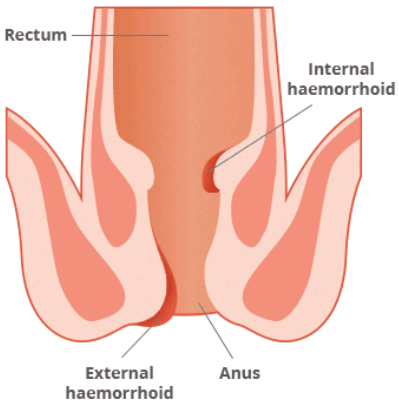
some of the common symptoms. Pain is usually not a symptom in the vast majority except with those with a blood clot within the haemorrhoid. This is called as thrombosed haemorrhoid. Large bulky haemorrhoids associated with loose lining of the rectum and back passage, can cause evacuatory difficulties.

CAN WOMEN HAVE HAEMORRHOIDS DURING PREGNANCY?

Pregnancy can drive troublesome haemorrhoids. Raised intra-abdominal pressure, hormonal changes and labour are other precipitating factors. They can worsen during third trimester and post pregnancy. Prolonged labour can have an adverse impact on haemorrhoids. In the bulk majority they do resolve post pregnancy. In the minority in whom it persists and cause symptoms seek attention.

WHAT CAUSES HAEMORRHOIDS DURING PREGNANCY?

The changes that happen during pregnancy are responsible for troublesome haemorrhoids. Increasing uterine size in addition to abdominal and pelvic pressure causes dilatation of the haemorrhoidal venous plexus. Increased circulating blood volume, thinning of veins and swelling of the veins all contribute to symptomatic haemorrhoids. Hormones have a role to play. Especially during the last trimester there is



increased Progesterone which leads to smooth muscle relaxation thereby increasing the laxity of the Veins. Progesterone also causes constipation as a consequence of relaxation of the small muscles of the Intestine. Constipation adds to straining on defaecation and increases the time on the toilet. All these add to increased haemorrhoidal problems. One in three women become constipated during pregnancy and a majority of them develop haemorrhoidal symptoms.

CAN I PREVENT HAEMORRHOIDS DURING PREGNANCY?

Prevention of symptomatic haemorrhoids is possible. Consumption of high fibre diet, increased water, mobility and training the urge sensation all help. This means to go to the toilet and open the bowel as soon as the urge to evacuate arises. Gastro colic reflux is when there is an urge to evacuate after a meal. It is important to utilise this reflux. Abandoning the defaecation reflux and the gastro colic reflux are less helpful in preventing haemorrhoids. In addition to maintaining regularity in evacuation, it is also important to adapt squatting Posture so as to aid evacuation. This also helps in prevention of haemorrhoids. A light Cardio physical exercise is good and advised.

HOW DO I HAVE PILES DIAGNOSIS?

If you have the symptoms suggested you very likely have troublesome haemorrhoids. If in doubt seek medical attention. General Practitioners can easily arrive at a diagnosis after a thorough history about symptoms and examination. Usually General Practitioners prescribe first line therapy which include lifestyle changes and topical applications. Irrespective, it is advisable to seek a Specialist opinion or if the symptoms persist despite initial therapy.

HOW CAN A SPECIALIST CONSULTANT HELP?

A detailed history in addition to the symptoms, a diligent examination and appropriate investigations are vital for the right diagnosis. Especially with the knowhow a specialist can arrive at the right diagnosis

and exclude the more serious causes of bleeding such as colitis, polyps or cancer. During the examination the specialist relies on an educated finger examination. In addition small devices/cameras (proctoscopy / sigmoidoscopy) that help us arriving at a diagnosis. They are minimally invasive tests. They are normally carried out in the examination room or an endoscopy suite without the need for sedation. There are instances when further examination of the colon if necessary - and a colonoscopy requested. The bulk majority do not need sedation, while a minority do so.

HOW ARE HAEMORRHOIDS/PILES TREATED?

Prevention is better than cure. Despite this, if there are symptomatic haemorrhoids – they are classified based on the complexity and the symptomatology. Treatment strategies would involve dietary and lifestyle changes, consumption of high fibre, consumption of water in the adequacy, change in the toileting habits and adaptation of suitable toileting positions. Pharmacological support is provided with laxatives and local applications. When severe various therapeutic strategies are adapted. Some of them include electrocoagulation, laser, Doppler guided treatments, LigaSure haemorrhoidectomy, stapled haemorrhoidopexy etc. The Good old Milligan Morgan haemorrhoidectomy and Ferguson haemorrhoidectomy have stood the test of time. It is true to say short term pain provides a long-term gain when it comes to the traditional operations. Every therapeutic strategy has to be weighed based on the patient symptoms, disease grade, patient need, risks / benefits and patient expectations.

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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