



Hemorrhoids (Updated 10.08)

General information

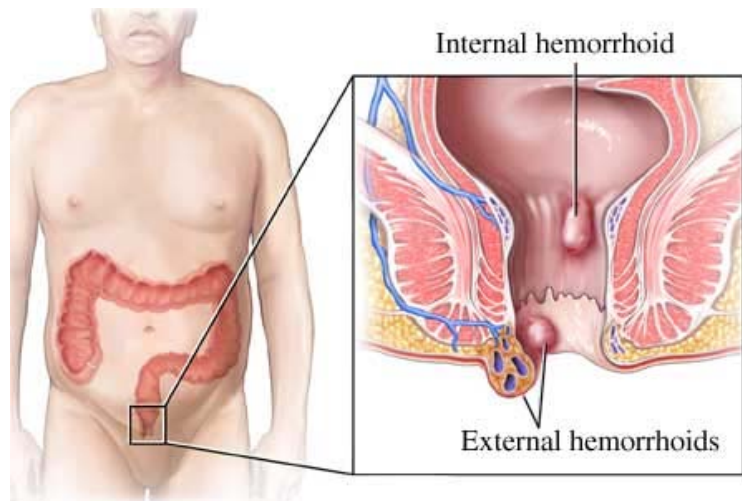
Hemorrhoids are rectal veins that become swollen and dilated because of increased pressure upon them, usually due to straining during a bowel movement. About half of the population have hemorrhoids by age 50. They are also common in women during and immediately after pregnancy because of increased pressure in the abdomen. Diarrhea may also cause them to flare up.

Although hemorrhoids may be irritating, they are usually not life-threatening. In many cases, hemorrhoids can be managed with lifestyle changes such as increasing your daily intake of fiber and drinking more water.

Hemorrhoids can be internal or external.

Internal hemorrhoids originate above the anal sphincter muscle, which is the muscle at the end of your rectum that opens when you have a bowel movement. The symptoms of internal hemorrhoids include:

- Bright red blood from your rectum
- A discharge of mucus
- Rectal fullness or discomfort
- Rectal pain, especially if they become incarcerated (that means their blood supply is cut off) or prolapsed (protrude through the anus)



External hemorrhoids occur in veins below the anal sphincter muscle. Symptoms of external hemorrhoids include bleeding, itching, and severe pain. Severe pain is usually a signal that a clot has formed in an external hemorrhoid, causing a “thrombosed” hemorrhoid.

Diagnosis

External hemorrhoids are usually diagnosed by your doctor during a physical examination because they are visible from the outside. Internal hemorrhoids may require a digital rectal exam, or the doctor may use an anoscope, which is a short hollow tube that is lubricated and placed a few inches into the rectum. Anoscopy is a quick procedure that can be done in the doctor’s office without special preparation.

A colonoscopy or barium enema followed by an x-ray may be necessary to evaluate for other serious medical conditions including inflammatory bowel disease, diverticulosis, adenomatous polyps, and colon cancer.

Alternative Treatment

When hemorrhoids flare up, you can make changes in your lifestyle that are usually effective in decreasing your pain and swelling. These changes include:

- Increasing your fiber intake by eating more fruits, vegetables, and whole grains.
- Taking a fiber supplement such as Metamucil, Citrucel, or flax seed (milled) fiber (20-30 gms/day).
- Drinking plenty of water: try for 8 glasses per day.
- Exercising daily.
- Reducing the amount of time you spend on the toilet.
- Sitting in a sitz bath (a basin of warm water) for 10 minutes at least twice a day and/or after a bowel movement, and applying a topical hemorrhoid cream to the area.

Surgical Treatment of Hemorrhoids

In more advanced cases, surgical treatment may be required to improve symptoms. There are several techniques; your doctor will help you determine the best option.

Elastic Band Ligation: This procedure involves placing an elastic band tightly around the base of the hemorrhoid. The band reduces blood flow to the hemorrhoid. After 7 to 10 days, the tissue falls away and is replaced by scar tissue, which prevents recurrence. This is a simple procedure that may be done without anesthesia.

Injection Sclerotherapy: Sclerotherapy is used for bleeding hemorrhoids. A sclerosing agent is injected into the hemorrhoid, initially causing inflammation. The inflammation leads to development of scar tissue, which prevents recurrence of the hemorrhoid.

Excisional Hemorrhoidectomy: This surgical procedure is done in the operating room under general anesthesia. It is usually reserved for large internal hemorrhoids that do not respond to ligation or sclerotherapy. During the procedure, the hemorrhoid and the vascular tissue that supplies it with blood are cut and removed from the anus. Although effective, it is a painful operation. Possible complications include bleeding, fecal impaction (stool that will not pass through the anus), and urinary retention.

Hemorrhoidectomy

What to expect before, during, and after your surgery

Before surgery

- Tell your doctor about all medications you are taking, including vitamins, supplements, and blood thinners
- Do not eat or drink anything after midnight the night before your surgery
- Make sure that you have someone to give you a ride home from the hospital
- Be sure to take your fleets enema or suppository as prescribed by your doctor

During the operation

For a hemorrhoidectomy, you will receive general anesthesia. The surgeon ties off the vein inside the hemorrhoid to prevent bleeding and then cuts out the swollen area. The incision will be closed with absorbable sutures that will disappear over time. The surgeon will pack your rectum with gauze or another dressing that contains a topical medication to help control pain. You will be taken to the recovery room, and in most cases you may go home the same day. Recovery may take 2 to 3 weeks.

Risks and Possible Complications of Surgery

- Infection
- Blood clots
- Urine retention
- Risks from anesthesia

Caring for Yourself after Surgery

Pain: Pain is common after surgery, especially around the incision. The pain medication prescribed by your doctor should help control the pain, and it should improve in the days following your procedure. Sitz baths twice a day, along with stool softeners, can relieve the pain associated with bowel movements.

Fever: Your temperature can vary after surgery and a low-grade temperature is common. A temperature is concerning if it exceeds 101.5°F or if it is accompanied by chills, vomiting, flu-like symptoms, or urine retention.

Constipation: Constipation is very common following surgery under general anesthesia because the anesthetic paralyzes the bowel. Pain medications can also cause the bowel to move more slowly. Take an over-the-counter medication such as milk of magnesia, Colace, or Metamucil if needed to keep your stool soft. Prune or apple juice can also get your bowels moving. Staying well-hydrated after your hemorrhoidectomy will also help soften the stool and prevent straining during bowel movements.

Incision: You will most likely go home with a foam packing in your rectum. This packing also contains a numbing medicine to relieve pain in the area, but can be removed the day after your surgery or with your first bowel movement. After the packing is removed, it is important to keep the area as clean and dry as possible to promote healing of the incision. Sitz baths are helpful for cleansing the area. Gauze pads or sanitary napkins can be used to absorb any drainage from the incision. Wearing cotton underwear and loose garments will help control moisture in the area.

When to call the office

- Pain that is not controlled by your prescription pain medication
- Increased redness or drainage from an incision
- Pain or swelling in your calf
- Difficulty breathing

When to go the Emergency Room

- Uncontrolled bleeding
- Persistent vomiting
- Change in mental status
- Fever over 101.5 degrees
- Inability to breathe
- You are unable to urinate within 8 hours of discharge

Frequently asked questions

Q: When can I drive?

A: We want you to be safe on the road, so you must be off of narcotic pain medications such as vicodin or percocet. You must also be able to sit with a seat belt on without pain or irritation to the incisions.

Q: Do I have any dietary restrictions?

A: It may take a few days for your appetite to return to normal after your surgery. There are no specific restrictions but drinking lots of water will make stool softer and less painful to pass.

Q: Do I have any activity restrictions?

A: You may return to your normal activities as soon as you feel able. For some people, this is the following day. Others may take several weeks to completely gain their strength.

Q: When can I remove the packing in my rectum?

A: The packing should come out with your first bowel movement following the surgery. If you do not have a bowel movement, you may remove it 24 hours following the procedure.

Q: I'm still in pain after taking the prescription pain medication. What can I do?

A: The prescription medication contains a narcotic along with Tylenol (acetaminophen). If you are allowed to take ibuprofen (such as Advil), you may be able to take some between your doses of prescription pain medication. It is important for you to follow the directions on the label. If you have any questions or are not sure if you should be taking ibuprofen due to other medications or medical conditions, please check with your doctor first. You may also try ice packs and resting to alleviate the pain.

You are always welcome to call the office with your questions or concerns. After hours, an answering service will direct your questions to the on-call providers. However, these individuals are unable to call in prescriptions for pain medication after 5:00 p.m.