

Haemorrhoids (Piles)

Introduction

Haemorrhoids, also known as piles, are swellings that contain enlarged blood vessels that are found inside or around the bottom (the rectum and anus). Most haemorrhoids are mild and sometimes don't even cause symptoms. When there are symptoms, these usually include:

- bleeding after passing a stool (the blood will be bright red)
- itchy bottom
- a lump hanging down outside of the anus, which may need to be pushed back in after passing a stool

Causes of haemorrhoids

The exact cause of haemorrhoids is unclear, but many cases are thought to be linked to increased pressure in blood vessels in and around the anus. This pressure can cause the blood vessels in the back passage to become swollen and inflamed.

Who's at risk?

Factors that increase the chance of getting haemorrhoids include:

- being overweight or obese
- persistent constipation, often due to a lack of fibre in the diet
- prolonged diarrhoea
- regularly lifting heavy objects
- a persistent cough or repeated vomiting
- prolonged sitting down
- being pregnant, which can place increased pressure on the pelvic blood vessels, causing them to enlarge (the haemorrhoids will usually improve after giving birth)
- being over 45 years of age as the body's supporting tissues get weaker, increasing the risk of haemorrhoids
- a family history of haemorrhoids, which could mean you're more likely to get them

Symptoms of piles (haemorrhoids)

- bleeding after passing a stool (the blood will be bright red)
- itchiness around the anus (the opening where stools leave the body)
- lump hanging down outside of the anus, which may need to be pushed back in after passing a stool
- mucus discharge after passing a stool
- soreness, redness and swelling around the anus

Haemorrhoids are not usually painful, unless their blood supply slows down or is interrupted.

Diagnosing piles (haemorrhoids)

Piles (haemorrhoids) can be easily diagnosed by a rectal examination. This involves an external and internal examination. The examination is not painful, but may feel slightly uncomfortable.

Types of haemorrhoids

The two main types of haemorrhoids are those that develop internally or externally. Haemorrhoids can be further classified, depending on their size and severity:

- **first degree** small swellings that develop on the inside lining of the anus and are not visible from outside the anus
- **second degree** larger swellings that may come out of your anus when you go to the toilet, before disappearing inside again
- **third degree** one or more small soft lumps that hang down from the anus and can be pushed back inside (prolapsing and reducible)
- **fourth degree** larger lumps that hang down from the anus and cannot be pushed back inside (irreducible)

Treating haemorrhoids

Piles (haemorrhoids) often clear up by themselves after a few days. However, there are many treatments that can reduce itching and discomfort. Making simple dietary changes and not straining on the toilet are often recommended first.

Dietary changes and self-care

If constipation is thought to be the cause of haemorrhoids, this must be treated. This can be done by increasing the amount of fibre in the diet. Good sources of fibre include wholegrain bread, cereal, fruit and vegetables. It is good to drink plenty of water and avoid caffeine (found in tea, coffee and cola).

It is helpful to follow the advice below when going to the toilet:

- avoid straining to pass stools, as this may make the haemorrhoids worse
- after passing a stool, use moist toilet paper or baby wipes to clean the bottom, rather than dry toilet paper
- pat the area around your bottom, rather than rubbing it

Medication

Over-the-counter topical treatments

Various creams, ointments and suppositories (which are inserted into the bottom) are available from pharmacies without a prescription. They can be used to relieve any swelling and discomfort. These medicines should only be used for five to seven

days at a time. If used for longer, they may irritate the sensitive skin around your anus.

There is no evidence that one of the creams is more effective than another. Ask your pharmacist for advice about which product is most suitable for you. Always read the patient information leaflet that comes with your medicine before using it.

Corticosteroid cream

If you have severe inflammation in and around your back passage, your GP may prescribe corticosteroid cream, which contains steroids. You should not use corticosteroid cream for more than a week at a time, as it can make the skin around your anus thinner and the irritation worse.

Painkillers

Common painkilling medication, such as paracetamol, can relieve the pain of haemorrhoids. However, you should avoid codeine painkillers, as they can cause constipation.

Laxatives

If you are constipated, your GP may prescribe a laxative. This is a type of medication that can help you move your bowels and prevent straining.

Non-surgical treatments

These are quite useful for early haemorrhoids (internal piles) and can help reduce the frequency and amount of bleeding. They include:

Banding

Banding is a procedure that involves placing a very tight elastic band around the base of the haemorrhoids, to cut off their blood supply. The haemorrhoids should then fall off within about a week of having the treatment. Banding is usually a day procedure, without the need for an anaesthetic, and most people can return to their normal activities the next day. There might be some pain or discomfort for a day or so. Normal painkillers are usually effective.

Directly after the procedure, there may be some blood on the toilet paper after going to the toilet. This is normal, but there should not be a lot of bleeding. Any heavy bleeding that i.e. passage of bright red blood or blood clots (solid lumps of blood), requires urgent attention. Fortunately this is a rare complication. Ulcers (open sores) can occur at the site of the banding, although these usually heal without needing treatment.

Injections (sclerotherapy)

A treatment called sclerotherapy may be used as an alternative to banding. During sclerotherapy, a chemical solution is injected into the blood vessels in the back passage. This relieves pain by numbing the nerve endings at the site of the injection. It also hardens the tissue of the haemorrhoid so that a scar is formed. After about four to six weeks, the haemorrhoid should decrease in size or shrivel up. After

the injection, strenuous exercise must be avoided for a few days and it is possible to resume normal activities, including work, the day after the procedure.

Infrared coagulation

Infrared coagulation is also sometimes used to treat haemorrhoids. During the procedure, a special device that emits infrared light is used to burn the haemorrhoid tissue and cut off their blood supply. A similar procedure can also be carried out using an electric current instead of infrared light. This is known as diathermy or electrotherapy.

Surgery

Although most haemorrhoids can be treated using the methods described above, around 1 in every 10 people with the condition will eventually need surgery. Surgery is particularly useful for haemorrhoids that appear outside the back passage. There are many different types of surgery that can be used for haemorrhoids, but they usually involve either removing the haemorrhoids or reducing their blood supply, causing them to shrink.

Surgery for piles (haemorrhoids)

Surgery may be recommended if other treatments for piles (haemorrhoids) have not been successful, or if you have haemorrhoids that are not suitable for non-surgical treatment.

There are many different surgical procedures for piles. The main types of operation are described below.

Haemorrhoidectomy

A haemorrhoidectomy is an operation to remove the haemorrhoids. It is usually carried out under general anaesthetic. It involves gently opening the anus so the haemorrhoids can be cut out with diathermy or an advanced bipolar device (Ligasure).

After the operation there is significant pain that requires regular painkillers and laxatives. This resolves within a week. Recurrence of haemorrhoids after a haemorrhoidectomy is low and around 5%, which is lower than with non-surgical treatments. Adopting or continuing a high-fibre diet after surgery reduces this risk.

Transanal haemorrhoidal dearterialisation (THD) or haemorrhoidal artery ligation (HALO)

Transanal haemorrhoidal dearterialisation (THD) or haemorrhoidal artery ligation (HALO) is an operation to reduce the blood flow to the haemorrhoids. It's usually carried out under general anaesthetic and involves inserting a small device, which has a Doppler ultrasound probe attached, into the anus. This probe produces high-frequency sound waves that allow the surgeon to locate the blood vessels in and around the anal canal. Each blood vessel is then stitched closed, to block the blood supply to the haemorrhoid. This causes the haemorrhoid to shrink over the following days and weeks.

The operation can be combined with extra stitches to repair the haemorrhoids. This is called a rectoanal repair and is also quite effective to reduce prolapsing haemorrhoids (haemorrhoids that hang down from the anus).

The National Institute for Health and Care Excellence (NICE) recommends this treatment as an effective alternative to a haemorrhoidectomy or stapled haemorrhoidopexy (see below). The procedure causes less pain and, in terms of results, a high level of satisfaction has been reported. Most people are able to return to their normal activities much sooner than with other surgical procedures. There is a low risk of bleeding, pain when passing stools or the haemorrhoid becoming prolapsed after this procedure, but these usually improve within a few weeks.

Stapling

Stapling, also known as stapled haemorrhoidopexy, is an alternative to a conventional haemorrhoidectomy. It is sometimes used to treat prolapsed haemorrhoids and is carried out under general anaesthetic. This procedure is not carried out as often as it used to, because it has a slightly higher risk of serious complications than the alternative treatments available.

During the operation, part of the anorectum (the last section of the large intestine), is stapled. This means the haemorrhoids are less likely to prolapse and it reduces the supply of blood to the haemorrhoids, which causes them to gradually shrink. Stapling has a shorter recovery time than a traditional haemorrhoidectomy, and you will usually be able to return to work about a week afterwards. It also tends to be a less painful procedure.

There have also been a very small number of serious complications following the stapling procedure, such as fistula to vagina in women (where a small channel develops between the anal canal and the vagina) or rectal perforation (where a hole develops in the rectum).

Other treatments

Other treatment options are available, including freezing and laser treatment. However, the number of NHS or private surgeons who perform these treatments is limited.

General risks of haemorrhoid surgery

Overall surgery for haemorrhoids has good results. However there is a small risk of complications and these include:

- bleeding or passing blood clots, which may occur a week or so after the operation
- infection, which may lead to a build-up of pus (an abscess) you may be given a short course of antibiotics after surgery to reduce this risk
- urinary retention (difficulty passing water and emptying the bladder)



- faecal incontinence (the involuntarily passing of stools)
- anal fistula (a small channel that develops between the anal canal and surface of the skin, near the anus)
- stenosis (narrowing of the anal canal) this risk is highest if there is a previous history of a haemorrhoidectomy or if too much tissue is removed from the lining of the anal canal

These problems can often be treated with medication or further surgery.

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