

△ GENERAL INFORMATION

Hemorrhoids are congested, swollen veins that are called *internal hemorrhoids* when they are just inside the anus. They are called *external hemorrhoids* when they are at the anal opening. There are many causes of hemorrhoids, including the following: chronic constipation, a job that requires a lot of sitting, pregnancy, liver disease, loss of muscle strength in the anal area with advancing age, and obesity.

COMMON SIGNS AND SYMPTOMS

There can be a number of symptoms, sometimes more than one at the same time.

- Rectal bleeding.
- Protrusion of the hemorrhoids on the outside.
- Pain in the anus with external hemorrhoids.
- Itching in and around the anus.
- Blood in the stool.
- External hemorrhoids that are clotted and very painful.

DIAGNOSIS

- Usually, the diagnosis can be made by taking a detailed history and doing a thorough physical examination.
- A painful, clotted hemorrhoid on the outside of the anus is easy to see.
- Anoscopy: This examination is done with a hollow instrument as long and as thick as your finger. It is lubricated and inserted into the anus gently so that the entire area can be inspected.
- Flexible sigmoidoscopy: This is done with a smooth, flexible instrument as thick as your little finger. It has lenses in it and light coming out of its tip. The instrument is passed through the anus and is used to inspect the inside of the lower 20 inches of the bowel.

○ TREATMENT

Managing hemorrhoids requires a number of approaches:

Avoidance

- Avoid constipation: Include enough roughage and plenty of liquids in your diet. Use stool softeners, if necessary.
- Avoid sitting on the toilet longer than is necessary.
- If your job involves sitting a lot, get up and walk around when you can.
- Reduce your weight if you are overweight.

Nonoperative Treatment

- Sitz baths: Sit in a bathtub with enough warm (not hot) water just to cover your anal area. Do this for 15 minutes three times a day and after each bowel movement, if possible. Or you can use a pan that holds 2 quarts of warm water with 1 tablespoon of epsom salts in it.
- You can buy various preparations without prescription to soothe swelling or itching.

Operation

Most patients with hemorrhoids do not require an operation. An operation is necessary, however, in the following circumstances:

- The hemorrhoids are large and stick out.
- It is very difficult to keep your anal area clean.
- The hemorrhoids don't get better with other treatment.
- The hemorrhoids bleed too often or clot more than one time and are very painful.

There are several operations, as listed below, for correcting a hemorrhoidal problem.

Internal Hemorrhoids

- Placing a special type of rubberband around the hemorrhoid and strangling it.
- Injecting the hemorrhoid area with a solution that causes it to scar down.
- Burning the hemorrhoid with laser. This causes the hemorrhoid to shrivel to a scar.
- Removing the hemorrhoid.

External Hemorrhoids (Clotted)

- A very fine, short needle is used to inject an anesthetic in the area to make it entirely numb. For a clotted hemorrhoid, a short incision is made over it and the clot removed. If there is a lot of extra tissue hanging there, it will be trimmed.

After careful consideration of all factors, the recommendation is that you have an operation to correct your hemorrhoid problem.

PREOPERATIVE PREPARATION

- You may have an examination of your blood and urine, as well as an examination of your heart (EKG) and lungs (chest x-ray). The number of tests will be determined by the extent of the operation and your condition in general.
- Do not eat or drink anything for 8 hours before the operation.
- No laxatives, enemas, or any other bowel preparation is necessary before the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

□ OPERATION

The type of anesthesia you have will be determined by the location of your hemorrhoids and their size. The choice will be discussed with you beforehand.

- The operation generally lasts from half an hour to an hour and a half, depending on how extensive the problem is and what needs to be done.

POSTOPERATIVE CARE

If no anesthesia is used (this usually is the case with rubberbanding of internal hemorrhoids; it is an office procedure), you should be able to go home directly after the operation. Generally, you should be able to go home

that same day with a responsible adult if the operation involved the following:

- Removing or evacuating an external hemorrhoid.
- Removing one area of internal hemorrhoid.
- Rubberbanding of internal hemorrhoids.

Generally, following an operation more involved than the above, you will need to stay in the hospital for a day or two.

- That afternoon you will be helped to get out of bed and walk about.
- Pain will be controlled with medicine.
- Your diet will be as you tolerate it.

⊕ HOME CARE

- You may walk about as you wish, even climb stairs, but don't overdo things.

- You may shower as you wish in the usual fashion.
- Take a sitz bath for 15 minutes two to three times a day and after a bowel movement. Do this as long as you have discomfort.
- Take medicine as prescribed for your pain.
- Include enough roughage and plenty of liquids in your diet to help avoid constipation. You may need some help with a mild laxative (example: milk of magnesia).

📞 CALL OUR OFFICE IF

- You have any bleeding from the anus after the first bowel movement.
- You develop a temperature higher than 100°F.
- You have any questions.
- You do not have a bowel movement for 48 hours.