

Haemorrhoids (Piles)

Haemorrhoids, also known as piles, are swellings containing enlarged blood vessels that are found inside or around the rectum and anus.

In many cases, haemorrhoids do not cause symptoms, and some people do not even realise that they have them. However, when symptoms do occur, they may include:

- bleeding after passing stools (the blood is usually bright red)
- itching at the anus
- a lump hanging down outside of the anus, which may need to be pushed back in after passing stools
- a mucus discharge after passing stools
- soreness, redness and swelling around the anus

Causes of haemorrhoids

Haemorrhoids are caused by an increased pressure in the blood vessels in and around your anus. This pressure can cause the blood vessels in your anus to become swollen and inflamed.

- Many cases are thought to be caused by too much straining on the toilet, due to prolonged constipation. **Sitting too long on the toilet especially with an electronic device such as a handphone causes the blood vessels around the anus to become congested and enlarge this is probably the most common cause of haemorrhoids.**

Other factors that might increase your risk of developing haemorrhoids include:

- age – as you get older, your body's supporting tissues get weaker, increasing your risk of haemorrhoids.
- being pregnant – which can place increased pressure on your pelvic blood vessels, causing them to enlarge.
- having a family history of haemorrhoids.

Preventing and medical treatment of haemorrhoids

Haemorrhoid symptoms often settle down after a few days, without needing treatment. Haemorrhoids that occur during pregnancy often get better after giving birth.

However, making lifestyle changes to reduce the strain on the blood vessels in and around your anus is often recommended. These can include:

- gradually increasing the amount of fibre in your diet – good sources of fibre include fruit, vegetables.

- drinking plenty of fluid – particularly water.
- avoiding medication that causes constipation
- **exercising regularly** – this helps to prevent constipation, reduce your blood pressure and may help you lose weight

These measures can also reduce the risk of haemorrhoids returning, or even developing in the first place.

Medical Treatment of Haemorrhoids

Topical medication that you apply directly to your back or tablets bought from a pharmacy or prescribed by your GP may ease your symptoms and make it easier for you to pass stools.

There are various treatment options for more severe haemorrhoids. One of these options is rubber band ligation, which is a non-surgical procedure where a very tight elastic band is put around the base of the haemorrhoid to cut off its blood supply. The haemorrhoid should fall off after about a week.

Types of haemorrhoids (Severity)

Haemorrhoids can be classified, depending on their size and severity. They can be:

- 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 on its own (prolapsing but spontaneously reducing).
- third degree – one or more small soft lumps that hang down from the anus and can be pushed back inside using a finger (prolapsing and reducible).
- fourth degree – larger lumps that hang down from the anus and cannot be pushed back inside (irreducible).

In general, first degree haemorrhoids are treated with medication and lifestyle changes (increase fibre), second degree haemorrhoids are suitable for rubber band ligation, third- and fourth-degree haemorrhoids usually require surgery (see below).

Surgery for Haemorrhoids (Third- and Fourth-degree haemorrhoids)

Although most haemorrhoids can be treated using the methods described above, around 1 in every 10 people will eventually need surgery. There are different types of surgery that can be used to treat haemorrhoids, but they all usually involve either removing the haemorrhoids or reducing their blood supply, causing them to shrink.

1. Haemorrhoidectomy

A haemorrhoidectomy is an operation to remove haemorrhoids. It is usually carried out under general anaesthesia, which means that you will be unconscious during the

procedure and will not feel any pain while it is being carried out. You will need to take two weeks or so off work to recover.

After having a haemorrhoidectomy, there's around a 1 in 20 chance of the haemorrhoids returning, which is lower than with non-surgical treatments. Adopting or continuing a high-fibre diet after surgery is recommended to reduce the risk of recurrence.

2. Stapler haemorrhoidopexy

Stapler haemorrhoidopexy, is an alternative to a conventional haemorrhoidectomy. It is sometimes used to treat prolapsed haemorrhoids and is carried out under general anaesthesia. This procedure is not carried out as often as it used to be, because it has a higher risk of serious complications.

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. It is important to note that the haemorrhoids are not removed and there will be a permanent staple line in the anorectum.

Stapling has a shorter recovery time than a traditional haemorrhoidectomy, and you can probably return to work about a week afterwards. It also tends to be a less painful procedure.

However, after stapling, more people experience another prolapsed haemorrhoid compared with having a haemorrhoidectomy. 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).

General risks of haemorrhoid surgery

Although the risk of serious problems is small, complications can occasionally occur after haemorrhoid surgery. These can include:

- bleeding or passing blood clots, which may happen a week or so after the operation
- infection, which may lead to a build-up of pus (known as an abscess) – you may be given a short course of antibiotics after surgery to reduce this risk
- temporary urinary retention (difficulty emptying your bladder)
- **faecal incontinence** (the involuntarily passing of stools)
- stenosis (narrowing of the anal canal)

