



HEALTH UPDATE

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Hemorrhoids

Description

- Hemorrhoids are dilated or bulging veins in the rectum and/or anus caused by increased pressure in the rectal veins. Factors contributing to this increased pressure include normal upright posture, straining during bowel movements, prolonged sitting, constipation, diarrhea, pregnancy, trauma, and obesity.
- External hemorrhoids form in the mucous membrane lining just outside the rectal canal at the anus.
- Internal hemorrhoids form inside the rectal canal and may or may not protrude through the anus.

Symptoms

- The most common symptoms of hemorrhoids are pain with bowel movements, incomplete bowel movements, rectal itching, a soft lump felt at the anal opening, or a small amount of blood on the stool or toilet paper after wiping.
- Occasionally, hemorrhoids are completely without discomfort and are found during a routine examination by a clinician.
- Occasionally, hemorrhoids may become thrombosed (contain clotted blood) causing increased pain, difficulty sitting and may necessitate opening the hemorrhoid and removing the clot.
- Bleeding from the rectum should be reported to your clinician at all times. Most often, it is a sign of hemorrhoids and/or cracks in the anal mucosa called "fissures." There are, however, several more serious causes of rectal bleeding including inflammation of the intestines, rectal polyps, and cancer. Rectal or large intestine cancer is most common in the elderly, but 1% of the cases occur in individuals under the age of 30.

Diagnosis

- The diagnosis of hemorrhoids requires the physical examination of the anus and rectum.
- External hemorrhoids can be felt by inserting a gloved finger into the rectal canal. Internal hemorrhoids and anal fissures can be seen with the aid of a clear small plastic tube called an anoscope. Although this exam may be slightly uncomfortable, it is not painful.
- A simple lab test done in the office can determine whether the rectum contains blood.

Treatment

- A diet high in fiber and fluids is the single most important treatment and preventative measure. It promotes movement of wastes through the digestive system, resulting in softer stools.
- Warm baths 3 to 4 times a day can help relieve pain and promote healing.
- A medicated cream or rectal suppository may be prescribed to help reduce inflammation.
- Occasionally, a natural grain product will be recommended as a supplement to dietary fiber.
- Stool softeners may be recommended on a short-term basis for constipation.
- Caffeine and alcohol should be avoided because they may act as irritants.
- Surgery may be required in rare cases.

Prevention

- Gradually increase your intake of dietary fiber such as natural grains and cereals, fresh fruits, and vegetables.
- Drink plenty of fluids. Try to drink 6-8 glasses of water every 24 hours.
- Exercise regularly to help promote good circulation and functioning of internal organs.
- Avoid delaying the urge to have a bowel movement and avoid straining when you defecate. Try to relax and take your time.
- Avoid using laxatives. Prolonged use may lead to "chemical laxative dependence," causing the bowel to lose its ability to function normally.
- Some medications may cause constipation and worsen the condition -- be sure to let your health care provider know about any medications you are currently using.

Adapted from handout developed by the UCLA Ashe Center.