

Haemorrhoids (piles) What they are and how to treat them

An information guide



Haemorrhoids (piles)

What are haemorrhoids (piles)?

The tissue around the inside of the anus has numerous blood vessels under the skin surface. It is when these blood vessels become enlarged that symptoms develop.

The usual explanation for this is that, over a period of years, too much straining while passing motions has put undue pressure on these veins, so leading to their gradual increase in size. Pregnancy is another frequent cause of piles.

Initially the haemorrhoids are called internal because they remain inside the back passage, and these are the ones that occasionally bleed after passing stools. If the pile remains untreated it may gradually increase in size, eventually protruding through the back passage.

The pile may now be felt and pushed back inside, but if it is allowed to remain outside, it can become trapped and lead to acute discomfort. The final stage of haemorrhoids is when the swelling protrudes even further outside, when they are then called external piles.

These may become swollen and may develop a clot within them and cause acute pain and swelling. As they have not come from within the anus, they cannot be pushed back inside. The residual skin left from these external piles is termed a skin tag and may frequently cause severe anal itching.

There are several anal conditions which are commonly confused with piles. The most common of these is a tear in the back passage or a "fissure". This leads to severe pain on passing motions and sometimes bleeding, in contrast to ordinary piles which generally do not cause pain.

Another condition which is confused with piles is 'fistula in-ano', when an abnormal passage develops alongside the back passage, leading to a constant discharge and severe itch. Both the fissure and fistula need different treatment from haemorrhoids.

In addition to these common anal conditions, there are several other more serious conditions which occur within the back passage. We will need to check these, either by means of an endoscopic examination of the back passage or a barium enema x-ray examination.

Growths are common in the lower bowel, and it is important that patients over 50 years of age are carefully screened for cancers if they have persistent bleeding. Since haemorrhoids are so common it is not unusual for more than one condition to be present at the same time.

Prevention and Treatment

Prevention is the key

Avoiding straining for more than a few seconds when you pass a motion.

Wait until you really feel that you do need to go to the toilet and then spend no more than a minute or two on the lavatory. Never sit and wait and do not try to pass that last little piece of motion.

It is never necessary and this additional straining simply causes congestion. Never take anything to read whilst you are sitting on the toilet. It is important that you maintain your stool fairly soft. This can easily be achieved by altering your diet, to make sure that you include a sufficient amount of roughage to keep the stool soft.

Types of Treatment:

Rubber band ligation - This form of treatment for piles is popular and equipment has been designed so this can often be performed in the outpatients' department. It can also be done as treatment under an anaesthetic.

The instrument applies a small elastic rubber ring to the base of the pile and this strangulates the tissue so that it slowly shrivels up and drops off, with the rubber band, in about seven to fourteen days. For a small pile this method of treatment has given results as good as those achieved by an operation and has now been successfully used in many people to avoid surgery. Occasionally, some people experience a mild aching sensation which lasts for several days but severe pain is extremely unusual.

Again, after having the rubber bands applied it is important that you do not strain at stool and keep your motions fairly soft. If there is any temporary discomfort, this is usually successfully treated with Paracetamol tablets. (It is best to avoid Codeine tablets as they tend to make you constipated). If the pain persists for more than two days after the procedure has been performed, or if any painful swelling occurs around the anus, you should contact your General Practitioner (GP).

Slight bleeding may occur one or two hours after the treatment and again when strangulated tissue drops away. This bleeding is usually unimportant and stops spontaneously. Severe bleeding occurs extremely rarely and, of course, should this occur you should contact your GP.

After the procedure you can work normally, but if possible avoid heavy physical work in the first few days which might lead to undue straining. In order to completely eradicate all of the haemorrhoids, several sessions may be necessary, although usually one treatment

is sufficient, followed by some top-up injections some six to twelve weeks later. We also advise that you have a supply of painkillers at home.

Surgical treatment or haemorrhoidectomy - This is predominantly for the final external stages of the development of piles. Normally, haemorrhoids occur in three easily identifiable places around the anus and, under general anaesthetic, these can be seen clearly. The redundant skin overlying the haemorrhoids is removed and the supplying blood vessels are identified and tied. Small stitches can then be placed to close the raw edges and a small piece of gauze is inserted in the back passage, to apply some local pressure and prevent bruising after the operation. Occasionally it is necessary to remove one or two piles, but when the piles have been allowed to become too advanced, then all the haemorrhoids may require removal. The operation has a reputation of being uncomfortable, so we make sure that the motion is soft and that adequate analgesia is given after the procedure to avoid this.

Generally after the haemorrhoids operation you will need to remain in hospital for one to three days. You will be discharged on laxatives to ensure that your stool remains soft for about a month after the operation, until everything has healed properly.

Botox - Botox injections block messages to the muscles making them unable to contract. It is injected into the sphincter and causes the circulation in the area to be enhanced. With botox treatment anal muscle spasms are stopped and blood circulation increases relieving the inflammation which reduces the pain and bleeding.

Possible risks

- Bleeding
- Constipation
- Recurrence

General Tips

It goes without saying that the better your general health the greater your ability to get over an illness or a condition such as haemorrhoids.

Think how you can best help yourself;

- Do you need to lose weight?
- Are you taking regular exercise?
- Is your diet healthy?
- How do you relax and reduce the stress in your life?
- If your body does not seem normal, do you seek medical advice?
- If your bowel habit changes or you pass blood, do you seek medical advice?

Research

For further information about the references used in this leaflet visit www.pat.nhs.uk

Clinical Nurse Specialist contact numbers:

Rochdale Infirmary	01706 517870
Fairfield Hospital, Bury	0161 778 3475
Royal Oldham Hospital	0161 778 5535
North Manchester General	0161 720 2805

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