Hemorrhoid Information and Treatment
Stanford University Section Of Colon And Rectal Surgery

Hemorrhoids:

- Are very common, may cause itching, burning, bleeding and pain, but never cancer. DO NOT self-treat, you must be evaluated for these symptoms. Exams are performed to determine the source of these symptoms and to rule-out cancer.
- May improve with a high fiber diet, but can also be removed if symptoms persist.
- Are enlarged, bulging blood vessels located in and around the anus and lower rectum.

There are two types of hemorrhoids:

**External hemorrhoids:**

- Develop near the anus
• Are covered by very sensitive skin
• If a blood clot develops in one of them, a painful swelling may occur.
• Feel like hard, sensitive lumps
• Bleed only if they rupture

Internal hemorrhoids:

• Form within the anus beneath the lining.
• Can cause painless bleeding and protrusion during bowel movements
• Can cause severe pain if they protrude (“prolapsed”) from the anal opening and cannot be pushed back inside.

Reasons for Hemorrhoids:

Sitting, standing, or straining for long periods puts a great deal of pressure on the tissues that support the rectal veins, which causes them to stretch, the veins then dilate and their walls become thin and bleed. If the stretching and pressure continue, the weakened veins protrude. Other contributing factors include: aging; chronic constipation or diarrhea; pregnancy; heredity; overuse of laxatives or enemas; spending long periods on the toilet.

Treatment of hemorrhoids:

Mild symptoms:

To soften and regularize bowel movements and reduce the pressure on hemorrhoids we recommend a high fiber diet (e.g., fruits, vegetables, breads, cereals, fiber supplements like Metamucil) and fluids in the diet as well as sitz bath - sitting in plain warm water for about 10 minutes – to provide additional relief. With these measures, the pain and swelling of most symptomatic hemorrhoids will decrease in two to seven days, and the firm lump should recede within four to six weeks.

Severe, persistent pain:

Your physician may elect to remove the hemorrhoid containing the clot with a small incision. Performed under local anesthesia as an outpatient, this procedure generally provides relief.

Severe hemorrhoids may require special treatment, most of which is done outpatient.

Ligation - the rubber band treatment - works effectively on internal hemorrhoids that protrude with bowel movements. A small rubber band is placed over the hemorrhoid, cutting off its blood supply. The hemorrhoid and the band fall off in a few days and the wound usually heals in a week or two. This procedure sometimes produces mild discomfort and bleeding.

Injection and Coagulation - can also be used on bleeding hemorrhoids that do not protrude. Both methods are relatively painless and cause the hemorrhoid to shrivel up.

Hemorrhoidectomy - surgery to remove the hemorrhoids - is the best method for the permanent removal of hemorrhoids. It is necessary when (1) clots repeatedly
form in external hemorrhoids; (2) ligation fails to treat internal hemorrhoids; (3) the protruding hemorrhoid cannot be reduced; or (4) there is persistent bleeding. A hemorrhoidectomy removes excessive tissue that causes the bleeding and protrusion. It is done under anesthesia any may, depending upon circumstances, require hospitalization and a period of inactivity. Laser hemorrhoidectomies do not offer any advantage over standard operative techniques. They are also quite expensive, and contrary to popular belief, are no less painful.

Other treatments include cryotherapy, BICAP coagulation and direct current. Cryotherapy, popular 20 years ago, consists of freezing hemorrhoidal tissue. It is not recommended for hemorrhoids because it is very painful. BICAP and direct current are methods that shrink the hemorrhoid. None of these treatments have gained widespread acceptance.

Adapted from the American Society of Colon and Rectal Surgeons