

Patient information

Haemorrhoids

What are haemorrhoids?

In the inner lining of the anus there are three haemorrhoidal 'cushions' of tissue which help to seal the anus and contribute to continence (control of the bowels). Often as a result of straining and constipation, these cushions can swell and may become displaced so that they can prolapse (slide out of the anus) during a bowel movement. Haemorrhoidal tissue has a rich blood supply which explains why bleeding is common.

What are the symptoms?

- Bright red bleeding:
 - On the toilet paper
 - In the toilet bowl
 - On the surface of the motion
- Prolapse: The haemorrhoid comes down when passing a motion. They often go back inside on their own or can be pushed back. Occasionally they stay down.
- Mucous discharge
- Pain can occur but is uncommon

What are the treatments?

Haemorrhoids (often known as piles) in themselves are harmless and so, once diagnosis is made, treatment is directed at minimising the symptoms.

General measures:

- **High fibre diet:** By eating a high fibre diet and drinking plenty of water (6-10 glasses a day) you should aim to keep your motions soft. Sometimes a fibre supplement will be recommended.
- **Avoidance of straining:** Try not to strain on the toilet. Only try to open your bowels if you feel a desire to do so.

Treatments in the Clinic:

- **Injection therapy:** Haemorrhoids can be injected internally, where you do not feel pain. This causes them to shrivel up and helps to stop bleeding. The injection may cause a dull ache for several hours and there may be some bleeding or mucous discharge for a few days. You may take a simple painkiller such as Paracetamol if needed and can resume normal activity.
- **Banding:** Banding is a treatment which can be very effective for controlling both bleeding and prolapse (protrusion). A small rubber band is placed around the haemorrhoid, which then scars and falls off. This usually causes some discomfort which can be controlled with simple painkillers.

You may also find a sitz bath (a 15 minute bath in water as warm as you can tolerate) very soothing. There may be some bleeding or mucous discharge for a few days.
- **Repeat treatments:** Both injections and banding can be repeated if required to treat all the haemorrhoids, usually at intervals of approximately 6 weeks.
- **Operation:** For certain types of haemorrhoids, or where other treatments have failed, an operation called a haemorrhoidectomy may be recommended. Here the haemorrhoids are surgically removed.

Are there any complications of treatment?

The outpatient treatment of haemorrhoids is extremely safe and carries few risks, but, as with any procedure, complications do occur occasionally. Thus, in the period following your injection or banding you should contact your General Practitioner if you notice any of the following problems:

- Increasing pain, redness, swelling or discharge
- Severe bleeding

- Constipation for more than three days despite using a laxative
- Difficulty in passing urine
- High temperature over 38° or chills
- Nausea or vomiting

What if I get further rectal bleeding?

If the first treatment you have does not control the bleeding adequately, it is often possible to repeat the treatment after a period of approximately 6 weeks when you will be followed up in clinic again.

If you develop bleeding many weeks after haemorrhoids have successfully been treated you should not automatically assume that your piles have recurred. Bleeding may also be caused by a variety of other conditions and you should consult your General Practitioner if in doubt. Symptoms that suggest bleeding from causes **other** than piles include:

- Dark red blood
- Blood mixed into the motion.
- Bleeding with a persistent change in bowel habit (for example, development of loose motions with an increased frequency of bowel action).
- Bleeding with abdominal pain.
- Bleeding with anal pain with a bowel action.

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