

What You Should Know About Hemorrhoids

Nearly everyone has hemorrhoids at some point. They're more likely to develop after age 30 years, and about 50% of people over age 50 years have had them—and they're often one of the unwelcome side effects of pregnancy. They're certainly a common problem; just consider the number of ads for hemorrhoid wipes and salves you see on TV and in magazines. And they're always good for a joke—until you have them. While rarely serious, hemorrhoids can interfere with your activities at work and at home, and remain a source of embarrassing discomfort for millions of people.

What are hemorrhoids?

Hemorrhoids are swollen veins in the rectum or anus. *External hemorrhoids* affect the veins around the outside of the anus. They can be itchy and painful, and may crack and bleed. *Internal hemorrhoids* involve the veins inside your rectum. They usually don't hurt, but they may bleed. Sometimes, an internal hemorrhoid may grow until it protrudes outside the anus, so that it becomes a *prolapsed* hemorrhoid. Both external and internal hemorrhoids can occur at the same time.

There are four types of internal hemorrhoids: first degree, which does not protrude from the anus; second degree, which protrudes during a bowel movement but then retracts; third degree, which protrudes during a bowel movement but can then be pushed back into place; and fourth

degree, which always protrudes outside the anus. All four types of internal hemorrhoids can sometimes bleed.

What causes hemorrhoids?

Hemorrhoids are caused by excessive pressure on the pelvic and rectal veins; this allows blood to pool in the vessels, which then swell and stretch the surrounding tissues. One of the main culprits is straining during bowel movements. Pregnant women often develop hemorrhoids during the last 6 months of pregnancy because hormonal changes increase blood flow to the pelvis while relaxing supportive tissues, and the growing fetus also presses on the pelvic blood vessels. Obesity can also lead to excess pressure and hemorrhoids. Factors that can contribute to hemorrhoids include:

- Hurrying to complete a bowel movement
- Sitting on the toilet for prolonged periods of time and straining (do not read on the toilet!)
- Straining due to persistent constipation or diarrhea
- Obesity—especially in the abdomen and pelvis
- Pregnancy and labor

- Long-term heart and liver disease affecting the circulation
- Tumors in the pelvis (very rare).

Who is likely to get hemorrhoids?

Hemorrhoids affect almost everyone—men and women equally—but factors that may increase your risk include:

- Heredity (parents with hemorrhoids)
- Pregnancy
- Severe obesity
- Occupations that require standing for long periods
- Habitually lifting heavy objects
- White race.

What are the symptoms of hemorrhoids?

External hemorrhoids can cause itching, burning, irritation, and difficulty cleaning the anal area. You may notice bloody streaks on the toilet paper after straining to have a bowel movement. If a vein breaks inside an external hemorrhoid, the blood may pool under the skin and form a hard, painful lump; this is a clotted (*thrombosed*) hemorrhoid.

Internal hemorrhoids may cause painless rectal bleeding, leading to bloody streaks on the toilet paper or bright red blood in the toilet bowl after a normal bowel movement. Internal hemorrhoids can be painful if they protrude all the time and are squeezed by the anal muscles, or if they are thrombosed.

Is there anything I can do to help prevent hemorrhoids?

One of the best ways to prevent hemorrhoids is to prevent chronic constipation. To do this, get more fiber in your

This Patient Handout was prepared by Patricia L. Van Horn using materials from the American Academy of Family Physicians/Family Doctor (<http://www.familydoctor.org/>) and WebMD (<http://www.webmd.com/>).

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diet, including fresh fruits, leafy vegetables, and whole-grain breads and cereals. Drink lots of fluid—at least eight glasses of water per day—but avoid caffeinated beverages and alcohol, which can cause dehydration and constipation. Exercise regularly. Use only bulk-forming laxatives (Citrucel, Fiberall, Metamucil). Stimulant laxatives can lead to diarrhea, which can actually worsen hemorrhoids.

Cultivate healthy habits:

- Go to the bathroom whenever you have the urge rather than waiting.
- Avoid straining to pass stools; relax and give yourself time.
- Don't hold your breath during a bowel movement.
- Avoid prolonged sitting or standing by taking frequent short walks.
- Avoid lifting heavy objects, and don't hold your breath as you lift—exhale instead.
- If you're pregnant, sleep on your side to reduce pressure on the pelvic blood vessels.

How are hemorrhoids diagnosed?

The diagnosis of hemorrhoids is based on your medical history and physical exam. This usually begins with a *digital rectal exam*, in which the doctor inserts a gloved finger into your rectum, or the doctor may use a short, lighted scope (*anoscope*). These are often the only tests you'll need.

If the digital exam and anoscope don't provide enough information, the doctor may use a flexible *sigmoidoscope* to look at your colon. In rare cases when the source of the rectal bleeding is still hidden, the next step may be a *barium enema* or *colonoscopy* to look higher in the digestive tract.

What can I do to treat hemorrhoids at home?

There are many things you can do to treat mild hemorrhoids at home, but *don't use commercial hemorrhoid wipes*

or medicines without consulting your doctor first. To relieve the pain:

- Clean your anus after every bowel movement by patting gently with moist toilet paper or moistened pads such as baby wipes.
- Avoid rubbing the anal area.
- Avoid soaps containing perfumes and dyes, which can be irritating.
- Sit in a warm soak (*sitz bath*) three or four times per day; fill your tub with just enough water to cover the anal area, and soak for 15 minutes—preferably right after a bowel movement.
- Use ice packs, alternating with warm compresses.
- Use acetaminophen (Tylenol), ibuprofen (Motrin) or aspirin, but limit the number of pills you take; drugs like aspirin and ibuprofen can sometimes make hemorrhoids bleed more.
- Increase your intake of water and dietary fiber.
- Take stool softeners and/or fiber laxatives.
- Avoid prolonged sitting or standing. Wear cotton underwear and loose clothing to prevent irritating moisture buildup.
- Do *not* use a ring (“doughnut”) cushion; this can restrict blood flow and make symptoms worse.

External hemorrhoids usually don't need medical treatment unless they become thrombosed, in which case your doctor can open or remove the lump. Even if left alone, however, the pain will gradually decrease although the lump may remain for a few weeks. After the clot is gone, the skin may remain stretched, forming a *skin tag*; if this becomes irritated or is difficult to clean, your doctor can remove it.

What about other hemorrhoid treatments?

Most hemorrhoids stop hurting without treatment in 1 to 2 weeks. If yours continue to cause problems, however, there are some options for therapy. Many of these options are aimed at

reducing the blood supply to the hemorrhoid, making it shrink. This generally causes a scar to form, and the thickened tissue gives additional support to the anal area and helps to keep new hemorrhoids from forming. Treatment possibilities include:

Rubber band ligation, in which a small rubber band is placed around the base of the hemorrhoid to stop the flow of blood so that the hemorrhoid withers away. This is the most common treatment, with about 80% of patients reporting relief of symptoms, and it is the most likely to prevent hemorrhoids from recurring.

Injection sclerotherapy, or injecting hemorrhoids with chemicals, which also stops the blood flow and shrinks the hemorrhoidal vessel.

Coagulation therapy, which involves burning the hemorrhoids away with electrical current or a laser.

Hemorrhoidectomy, or surgical removal of the hemorrhoid, which is generally reserved for third- or fourth-degree internal hemorrhoids that are prolapsed or very large.

Hemorrhoidectomy is generally quite effective, but it involves major surgery and a prolonged recovery.

The choice of treatment depends on the size of the hemorrhoid. Small internal hemorrhoids may require surgery when there are several hemorrhoids, the bleeding cannot be controlled, or both internal and external hemorrhoids are present. Or, if you have several types of hemorrhoids, a combination of treatments may be necessary.

Treatment success depends on many factors, including the therapy used and the ability to control contributing factors (like constipation). Remember, no treatment can prevent recurrence unless you make a commitment to improving your diet, getting regular exercise, losing some weight, and practicing healthy bowel habits. With these measures, you should be able to both relieve your current discomfort and keep symptoms from returning.