

Hemorrhoids

What is a hemorrhoid?

Hemorrhoids are a normal part of anal anatomy. Hemorrhoids can become enlarged with excessive straining such as with constipation or heavy lifting. Internal hemorrhoids are generally painless, but can bleed. If they become large enough, they can even protrude through the anal opening. In contrast, external hemorrhoids rarely bleed, but they can become very painful if they become thrombosed (clotted). There is no relationship between hemorrhoids and cancer. However, some of the symptoms of hemorrhoids are similar to those associated with colon cancer, such as rectal bleeding. As a result, your doctor may recommend a colonoscopy to rule out a more serious cause for the bleeding.

What are the treatments for hemorrhoids?

Medical Therapy: The majority of hemorrhoids will resolve on their own by:

- Avoiding constipation by increasing the amount of fiber in the diet (Fiber cereal, Psyllium, Metamucil, Citrucel, Konsyl, Benefiber, Fibersure, Fiberchoice etc.) 2 tsp in AM.
- Increasing fluid intake with water or fruit juice, 6-8 glasses per day.
- Taking warm water tub or sitz baths for 10-15 minutes at least 3 times a day.
- Avoiding prolonged sitting, reading, or straining on the toilet.

Injection Sclerotherapy: Small to Medium sized internal hemorrhoids can be injected with a solution of 5% phenol that causes fibrosis, and helps reduce bleeding and prolapse of hemorrhoids

Rubber Band Ligation: Some internal hemorrhoids can be appropriately treated in the office by placing a small rubber band over the hemorrhoid. This procedure involves minimal discomfort, but may need to be repeated several times for complete resolution.

Office Excision: Acutely painful thrombosed external hemorrhoids can sometimes be excised in the office under local anesthesia.

Hemorrhoidectomy: Refractory hemorrhoids may require surgical excision in the operating room. This procedure is performed as an out-patient using local anesthesia and a "twilight sleep" induced with intravenous sedation by an anesthesiologist. Any stitches used are absorbable.

Stapled hemorrhoidectomy is also an option, as it can be done with less postoperative pain than a traditional hemorrhoidectomy. This works well for isolated internal hemorrhoids.

As with any surgical procedure, there are potential risks with hemorrhoidectomy. The main risks include bleeding, infection, reaction to medications given by the anesthesiologist or surgeon, decreased continence, recurrence, and as with any procedure, there is a very small risk of death. Some patients experience decreased control of gas or stool after a hemorrhoidectomy, but this ordinarily returns to normal within a few weeks. Rarely, this change can become permanent, but it is usually not severe enough to cause a serious problem for the majority of patients. Most patients can return to work within 1-2 weeks, although this may vary depending upon the type of work and the extent of the operation.

If you have any further questions, please feel free to contact my office at (408) 358-2868.