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## **Hemorrhoids: Can't Live Without 'Em?**

Hemorrhoidal problems have plagued man since at least early recorded time. However, there are a lot of misunderstandings about these sensitive structures and how best to treat them. Although not necessarily a dinner topic, questions about hemorrhoids might help avoid some problems down the road.

### **What exactly are "hemorrhoids"?**

Your anus, or opening from the rectum, has two sets of blood vessel structures called the hemorrhoidal veins or vasculature. One set of column-like vessels is just inside the rectum, called "Internal Hemorrhoids", and the other is barely on the outside, termed the "External Hemorrhoids." These are normal blood vessels that help circulate blood to that vital area that helps us distinguish liquid and solid stool as well as gas. This collection of vessels also helps maintain competence, or security, of your anal sphincter muscles, so that you don't have leakage. When we say you "have hemorrhoids", what we really mean is that your internal or external hemorrhoidal veins or vessels are inflamed or enlarged. This is similar to varicose veins on peoples' legs, which start out as normal vessels.

### **What causes hemorrhoidal irritation or enlargement?**

Straining of the belly or pelvis is the primary cause of hemorrhoidal inflammation. This happens to child-bearing women commonly during the pregnancy and childbirth; some of these "stretched" hemorrhoids will resolve, while others will continue lifelong as an intermittent problem. With over ten million (4% of the U.S. population) bothered with hemorrhoids at any given time, we used to believe that constipation was the primary culprit. While straining for bowel movements certainly is a huge factor, high anal sphincter muscle tone can cause hemorrhoidal irritation. If you have a lot of daily stress, or you are plagued with a nervous or irritable bowel, your sphincter pressure is probably high and you are at risk for hemorrhoids. Caffeine can increase your hemorrhoidal pressure as well. And heavy lifting can both cause straining and increase your sphincter tone.

Several serious medical conditions can also be associated with hemorrhoidal enlargement and irritation. Crohn's Disease, an autoimmune disease of the intestine, can be associated with anal disease, including hemorrhoidal inflammation. Advanced liver disease also is a potential cause of very large hemorrhoids.

### **What are the symptoms of hemorrhoids?**

Your hemorrhoidal veins only cause symptoms if they are inflamed, or irritated. This can lead to itching, burning and/or throbbing. Repeated cycles of this inflammation can lead to gradual enlargement of your hemorrhoids, which contributes further to the irritation. Irritation and enlargement of the veins also can contribute to anal muscle control problems, causing your sphincter to leak stool and mucous, which itself causes more hemorrhoidal irritation. Most of these symptoms are from your outside, or external, hemorrhoids. Internal hemorrhoids often have no symptoms except bleeding. Occasionally internal hemorrhoids will enlarge to the point of "falling out", or prolapsing, from the anus.

## **What are the complications of hemorrhoids?**

Bleeding is your most likely problem with hemorrhoids. Typically this is bright red blood with a bowel movement, or on the toilet tissue. Occasionally internal hemorrhoids will bleed with straining without a bowel movement, and it can appear to be a lot of blood. However, you should never assume that fresh blood, even just on the toilet paper, is from hemorrhoids, especially if you are above forty or fifty years of age; colon polyps (which can be early forms of cancer) in the lower large intestine can produce bleeding identical to internal hemorrhoids. So if you see blood of any kind, even if you have classic hemorrhoidal symptoms, please report this to your medical provider.

Less commonly your hemorrhoids can thrombose, or form a blood clot, within the vessel. This has no risk to cause clot to travel anywhere, but it usually hurts worse than just an inflamed hemorrhoid, and can ooze blood continuously. Rarely can hemorrhoids get infected and require emergency treatment.

## **How do you diagnose hemorrhoids?**

Usually your family doctor or practitioner can perform a simple, painless exam in the office, without any preparation, especially with external hemorrhoids. Internal hemorrhoids can be more difficult, and require a gentle glove examination just inside the rectum. Women have this routinely performed during their annual pelvic exam, and this is how prostate cancer prevention is performed in men.

Sometimes your doctor will use a small, clear plastic speculum to visualize the internal hemorrhoids. If you are over 50, or have a family history of colon polyps or colon cancer and see blood, your medical provider may send you for a colonoscopy to ensure that you do not have polyps.

## **What is the treatment?**

Your best treatments are prevention, gentle care, and lifestyle changes. If bowel movements are at all firm, adding fiber and fluid to the diet is useful, and possibly also a fiber supplement. Avoid straining with bowel movements, lifting, or from bowel spasms (“gas”). If overweight, weight loss by changing eating habits could help.

Once you have chronically enlarged hemorrhoids, even if you use these changes, you may be stuck with recurrent irritation. While trying to avoid medical or surgical treatment, you may find relief by using gentler hygiene than traditional toilet paper. Most pharmacies and large grocery stores now sell flushable, moistened towelettes that improve cleaning of hemorrhoids, which is critical, without the trauma of paper tissue. Some sufferers have even installed bidet-like appliances on their toilet to allow washing with water.

Most internal and external hemorrhoids that remain inflamed can be treated readily with topical medicines, applied by ointment or suppositories. These medicines reduce the swelling, and break the cycle of irritation. Intermittent hot water baths, or using a sitz bath with a bowel over the toilet, can provide relief from swelling and itching.

For large and recurrent hemorrhoids that fail prevention and medical therapy, invasive treatment varies by location. Internal hemorrhoids can usually be treated by a simple banding procedure, by which very small rubber bands are applied to the excessive tissue, which then falls off in a few days, leaving a near-flat normal vein column. This is fairly pain-free for internal hemorrhoids, but does not work easily for external vessels, which have a very good supply of nerve endings. External hemorrhoids are best treated by surgery, with cautery and stripping, in situations where gentle care does not suffice.

Though none of us can walk away from our hemorrhoids, understanding the mechanism of hemorrhoidal irritation, the potential causes, and some preventative and simple treatments should reduce fear and make life a little easier.