

# Patient Information Sheet

## Haemorrhoids



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*Haemorrhoids are often described as 'varicose veins' of the anal canal. In fact they consist of various swollen blood vessels covered by the lining of the anal canal. Most haemorrhoids commence as internal haemorrhoids and cannot be seen but as a haemorrhoid enlarges it bulges into the anal canal and eventually it may protrude through the opening of the anus (prolapse). This can sometimes cause an anal skin tag by stretching the skin.*

### **What Causes Haemorrhoids?**

Internal haemorrhoids are due to a weakening of the supportive connective tissues within the anal canal allowing the lower rectal lining to bulge. Contributing factors cause veins within the haemorrhoids to enlarge.

Contributing factors might include:

- » Ageing
- » Chronic constipation or diarrhoea
- » Pregnancy
- » Faulty bowel habit
- » Straining at bowel action
- » Long periods on the toilet

### **What are the Symptoms?**

#### **Bleeding**

This is the most common symptom of haemorrhoids, usually seen on the toilet paper. Often the blood may drip or spray into the toilet bowl. It is unwise to assume that bleeding is always due to haemorrhoids without appropriate investigation.

#### **Lumps**

External lumps from haemorrhoids (prolapse) may occur during a bowel action or at other times. Usually this is reducible. Acute prolapse is less common, painful and requires a surgical opinion.

#### **Discomfort - Pain**

Moderate discomfort is common but severe pain may indicate a complication of the haemorrhoids (e.g. perianal thrombosis, acute prolapse) or the presence of an anal fissure (split).

#### **Itch**

This common symptom is due to mucous discharge.

#### **Do Haemorrhoids Lead to Cancer?**

No. There is no relationship known between haemorrhoids and cancer. However the symptoms of haemorrhoids may be very similar to those of bowel cancer.

It is important that all symptoms, especially bleeding, are investigated by a surgeon specially trained in treating diseases of the colon and rectum.

## **How are Haemorrhoids Treated?**

You should not rely on self-medication. A consultation with your general practitioner and subsequent referral to a colorectal surgeon will ensure that your symptoms are properly evaluated and effective treatment is prescribed. Elimination of rectal bleeding is important.

Mild symptoms can frequently be relieved by increasing fibre and fluids in the diet and avoiding excessive straining. Local ointments are of limited value but may give some relief.

### **Injection**

Injection with a chemical – phenol (in oil) can stop bleeding if the haemorrhoids are small.

### **Rubber band ligation**

Rubber bands can be applied to internal haemorrhoids to decrease their size and rate of bleeding.

This procedure can be performed in combination with injection and both can be performed as a day procedure or in rooms.

### **Haemorrhoidectomy**

Surgical excision is sometimes necessary to treat large or complicated haemorrhoids. The procedure is performed under general anaesthesia. The operation may be conducted in hospital or in a day care centre.