

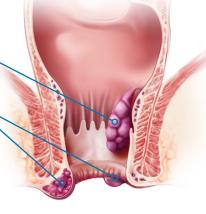
Understanding **HEMORRHOIDS**

What are hemorrhoids?

Hemorrhoids are typically caused by repeated or constant pressure to the anal or rectal veins. As pressure increases, blood begins to pool, causing veins to swell. The swollen vein(s) begins to stretch the surrounding tissues, creating a hemorrhoid. Although hemorrhoids can be painful, they are not serious and are quite common. Between 60 and 70 per cent of Canadians will develop hemorrhoids at some point in their lifetime, and at least half of people over age 50 will experience them.

There are

two types of hemorrhoids, internal (found in the lower rectum) and external (found under the skin around the anus). It is possible to experience external and internal hemorrhoids at the same time.



Internal hemorrhoids are found inside the lining of the rectum. You cannot feel them unless they are unusually large. Typically small and painless, internal hemorrhoids can produce streaks of bright red blood, which you will see on toilet paper or on stool after a bowel movement. Some people may experience larger internal hemorrhoids, which sag and bulge from the anus, these are called prolapsed hemorrhoids. These larger hemorrhoids can cause some irritation, but often tend to recede into the rectum and resolve without treatment. External hemorrhoids are found beneath the skin of the anus and can be painful. External hemorrhoids looks and feel like a hard lump in which occurs when the blood clots and within a protruding external hemorrhoid. This can result in a painful thrombosed external hemorrhoid which looks bluish-purple and can bleed, but again tends to clear up on its own within a week or two.

What are the symptoms of hemorrhoids?

You may have a hemorrhoid if you notice:

- Small amounts of bleeding during bowel movements, especially if straining
- Itching or irritation from bulging hemorrhoids
- Pain or discomfort in the rectum
- Soreness or pain when cleaning the anal area
- A lump close to the anus, which may be painful or sensitive
- Stool leakage

What causes hemorrhoids?

There are many factors that may increase your risk of developing hemorrhoids:

- Low fibre intake in your diet
- Obesity
- Straining during a bowel movement
- Chronic constipation or diarrhea
- Sitting for long periods of time on the toilet
- Rushing to complete a bowel movement
- Pregnancy
- Anal intercourse
- Alcoholism
- Illness; long-term heart or liver disease which can cause blood pooling in the abdomen and pelvic area

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Sometimes, although rare, complications may arise from bleeding hemorrhoids. Anemia occurs when the red blood cell count is lower than normal, and can develop when you continually loose blood. Symptoms of anemia include fatigue and weakness.

Another complication is a strangulated hemorrhoid. When the blood supply to a hemorrhoid is cut off, the hemorrhoid may become strangled, which causes severe pain and tissue death.

If bleeding from hemorrhoids continues without improvement for more than one week, you should contact your physician.

How are hemorrhoids diagnosed?

A doctor can diagnose hemorrhoids by taking your medical history and conducting a physical exam. This may include a digital rectal exam (inserting a gloved finger into the rectum) to check for internal hemorrhoids, as well as conducting an anoscopy (inserting a small tubular instrument to examine the anus) or proctoscopy (inserting a small tubular instrument to examine the anal cavity, rectum or sigmoid colon). If traces of blood are found in your stool, your physician may request a flexible sigmoidoscopy (a flexible tube that looks at the anus, rectum, and lower intestine) or colonoscopy (a thin, flexible tube that looks at the inner lining of the large intestine) to rule out other possible conditions.

If hemorrhoids are present, your physician will evaluate the location and size of the hemorrhoid(s) and develop a treatment plan, based on severity, and what's best for you.

How are hemorrhoids treated?

Treating and preventing hemorrhoids can often be done on your own by making simple lifestyle and dietary changes, these include:

Increasing fibre: Too many of us don't eat enough fibre. Eating a diet rich in fibre, along with adequate, noncaffeinated fluids, will help soften stools and make them easier to pass. High fibre foods include: beans, broccoli, oat bran, and fresh fruits. However, be aware that increasing fibre too quickly can cause bloating and gas, so start slowly and increase your fluid intake at the same time. You should aim for a maximum of 25-30 grams of fibre a day.

Exercising: Moderate exercise is good for your heart, bones, muscles, mental health and can help stimulate bowel function. The recommended level of physical activity for adults is 150 minutes of moderate-intensity aerobic physical activity plus 2 hours of muscle training per week. The 150 minutes of weekly physical activity can be broken out into shorter bouts, at least 10 minutes each, spread throughout the week: e.g. 30 minutes of moderate-intensity activity 5 times per week or no less than 20 mins a day.

Hemorrhoid care: Should you have a hemorrhoid, try to avoid rubbing the area. You can clean the anus with a piece of moist toilet paper and gently pat dry. Use non-fragrant soaps with no dyes, and wear cotton underwear to prevent moisture build-up.

Home treatment

Quite often, treating mild cases of hemorrhoids can be done at home using over-the-counter products, compresses and baths. To speed up the healing process, these simple steps can help you ease and relieve the pain and swelling caused by hemorrhoids.

Home treatments include:

Sitz baths: A sitz bath is a warm, shallow bath that cleans the space between the rectum and the vulva/scrotum (perineum). A warm 20-minute sitz bath, after a bowel movement, can help relieve itching, irritation and spasms from the sphincter muscle. Be sure to gently pat dry (avoid rubbing) the anal area to avoid further irritation.

Cold compress: Applying an ice pack to the anal area on and off for 10-15 minutes, 5-times a day can help reduce the swelling.

Topical relief: Hemorrhoid creams containing hydrocortisone or witch hazel provide soothing, temporary relief from pain and itching. It is important to use these products as directed. Over-use can cause the skin integrity to weaken.



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In most instances, hemorrhoids can be treated quite effectively at home. However, when hemorrhoids do not respond to lifestyle changes and over-the-counter treatments, are large and continue to bleed, your physician may recommend one of the following procedures:

Rubber band ligation: A safe procedure where a small rubber band is placed around the bottom of an internal hemorrhoid. This will cut off circulation and cause the hemorrhoid to fall of within a week.

Sclerotherapy: A safe procedure where a solution is injected into the hemorrhoid, causing it to shrink.

Coagulation therapy: A safe procedure where infrared light is used to harden the hemorrhoid, cutting off circulation to the vein.

Hemorrhoidectomy: Is the surgical removal of hemorrhoids. This safe procedure is given under general anesthesia with one advantage being that multiple hemorrhoids can be treated at once. However, it has a disadvantage in removing most of the network of small veins that provide a natural cushion to the mucosa protecting the anal canal.

How can I prevent hemorrhoids?

To help protect you against developing hemorrhoids, try incorporating the following lifestyle changes:

Don't hold it: Use the washroom when you have the urge to go, avoid straining, prolonged sitting or reading on the toilet, and don't rush; all these will help avoid the build-up of pressure.

Inactivity: Avoid sitting or standing still for long periods of time, inappropriately lifting heavy items or holding your breath while lifting. This increases pressure on the anus causing local blood vessels to swell. If pregnant, sleeping on your side can reduce pressure on the blood vessels in your pelvis, preventing hemorrhoids from increasing.

Preparing for your appointment

Good communication with your doctor is an important part of any effective health management strategy. Before you visit your doctor, write down:

- Symptoms that you are experiencing
- How often you are experiencing symptoms
- Streaks of blood in the toilet, on toilet paper or on stool
- · Location and severity of pain or discomfort, if any
- Changes to your bowel movements
- A list of medications you are taking and why you are taking them
- Questions you want answered during the appointment

Partnering for best health

Working collaboratively with your health care professional will help you protect your body from digestive problems and maximize your digestive health. When you report your health status completely, concisely and accurately, your physician can provide you with the best care and treatment plan. Be sure to stay informed on ways to maintain your health and well-being, track and record your symptoms, and write down questions and concerns to discuss at your next appointment.

