

Information Sheet

What Patients Should Know About Hemorrhoids and Anal Fissures

What are they?

Hemorrhoids – These form when cushions of blood vessels become swollen. All individuals possess these cushions, and thus, all individuals have the potential to develop hemorrhoids. Internal hemorrhoids are those that arise from inside the rectum, and are pink in colour. External hemorrhoids form outside the rectum and these are flesh coloured. Some hemorrhoids are a hybrid, and have both internal and external origins.

Anal Fissures – A fissure describes a tear inside the rectum. Fissures often accompany hemorrhoids but can occur on their own.

What are the symptoms?

Hemorrhoids - Patients with bothersome hemorrhoids typically suffer from **prolapse** (bulging of hemorrhoids from the anus), or bold rectal **bleeding** (usually coating the stools or when wiping).

Significant pain can sometimes occur when the hemorrhoids are severe, or when they are *thrombosed*. A thrombosed hemorrhoid describes the formation of clot within the blood vessels that form hemorrhoids.

Anal Fissures – An anal fissure results in symptoms of **rectal pain** or **anal itching**. When severe, these can cause bleeding.

What causes them?

Constipation, diarrhea, and straining (ex. weight lifting or labour) can contribute to both hemorrhoids and anal fissures.

How do we treat anal fissures?

Anal fissures – Fissures are often responsive to topical cream application. Fissures create unhappy tissues in the rectum, which leads to less blood flow to the area. The creams most often prescribed for fissure treatment are nitroglycerin or diltiazem, and these work simply by dilating the blood vessels to the area. It can take up to 12 weeks to fully heal a fissure. The creams are applied by placing a pea-sized amount on the finger-tip, and painting this on the involved area three times per day. Some pharmacies will supply an applicator. We recommend Script pharmacy on Macleod Trail (403-253-6773). Side effects of these creams can include headache or feeling dizzy, although the creams are usually well tolerated by patients. These creams will generally help with the **rectal pain** and **anal itching**.

If a fissure is causing severe pain, topical 5% lidocaine cream/ointment can help alleviate the pain.

How do we treat hemorrhoids?

Hemorrhoids are treated in many ways. Over-the-counter creams help temporarily alleviate symptoms of minor hemorrhoids, but generally do not provide a cure.

There is an oral over-the-counter tablet called Venixxa which is new to Canada. This is available without a prescription. This may help reduce symptoms.

Hemorrhoid banding and surgical excision are two more definitive treatments. Surgical excision is generally reserved for severe difficult-to-treat hemorrhoids.

How does banding work?

Banding involves placing a small rubber band at the base of a hemorrhoid, which creates a tuft of tissue that then falls off after time.

The advantage of banding is that it is effective, generally painless, with no preparation involved, and no significant downtime. Patients are simply advised to refrain from significant exertion/exercise for 24 hours after a band is placed.

Hemorrhoids generally lie along the anal canal in three columns. For this reason, bands are generally directed towards these zones. Most often, all three zones are involved.

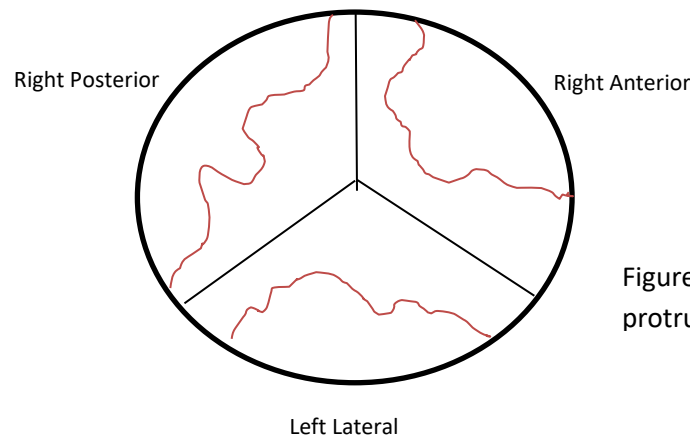


Figure 1: Hemorrhoid diagram protruding into the anal canal

Hemorrhoid banding has some limitations:

- Banding DOES NOT address external hemorrhoids, although it may reduce their size. Often, these are cosmetic, and can be removed surgically.
- Only one band is placed at a time, waiting two weeks between bands. This necessitates three visits. Bands put strain on the surrounding tissues, and placing more than one band can increase the risk of complications.
- Some patients need more than three bands, and this depends entirely on individual patient response. This often only means 1-2 extra bands.

What happens on the first visit?

At your first visit, you will be required to fill out a consent form as well as a medical history and symptom form. After discussing your issues with the physician, you will be given an opportunity to ask questions.

The examination then consists of visually inspecting the anal area. An anoscopic exam is performed where an illuminated scope is inserted into the rectum to visually assess internal hemorrhoids. A rectal examination is also performed to feel for firm masses. Banding can be performed on the first visit, if the patient is a candidate.

If a patient is found to have a thrombosed hemorrhoid on the first visit, anoscopy and rectal examination is generally not performed as it is too painful for patients.

What can I expect after a band?

With placement of every band, a rectal examination is performed to ensure the band is placed properly. Patients should know that banding should NOT result in sharp pain or a severe ache. It is important that you notify the physician if you experience pain like this before you leave the office, so that the band can be adjusted. It is entirely normal to experience a mild ache (which responds well to ibuprofen), or the sensation of needing to pass a bowel movement.

Bleeding can happen at various times after a band. If there is heavy bleeding (rare), the patient should place an ice pack over the area and elevate their legs. The use of anti-inflammatory medications (ex. ibuprofen, naproxen) should be avoided if bleeding is present. Acetaminophen (Tylenol) is preferred if something is required for pain. Patients should not sit on the toilet and try to force out blood.

What about thrombosed hemorrhoids?

If a thrombosed hemorrhoid is causing severe pain, topical 5% lidocaine cream/ointment can help alleviate the pain. It is our experience that nitroglycerin ointment can help substantially shrink the thrombosed hemorrhoids. In patients who have thrombosis, we strongly recommend against an internal examination or banding.

Are there any measures I should take after my banding series is complete?

It is strongly advised that all patients take a fibre supplement indefinitely. This will help prevent recurrence. Research indicates that 92% of patients remain symptom free at 2 years.

The goal of fibre supplementation is to achieve bowel movements that are soft, effortless, formed, and easy to wipe clean. Patients who consume adequate fibre find bowel movements easy to wipe clean after only a single wipe of tissue.

Metamucil is typically more than adequate. A natural fibre supplement is available for purchase at our office. It is only available through a physician's office.

How are external hemorrhoids treated?

External hemorrhoids are treated by excision. This is usually performed after banding is complete. The procedure is performed by numbing the area with local anesthetic. The hemorrhoid is then cut away at the base. Absorbable sutures are then used to close the excision site. The procedure takes approximately 30 minutes. While the goal of the procedure is to maximize tissue removal, expecting a perfect cosmetic outcome is unrealistic.

Aftercare involves applying polysporin to gauze and placing this over the area, for as many days as the area is sensitive. The area should be cleaned by gently spraying water to the area after a bowel movement. Follow-up is recommended 1 month after the procedure.