

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 vessels, 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/popping of hemorrhoids from the anus), or bright 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.

The symptoms of hemorrhoids and fissures can overlap, and thus make the diagnosis difficult at times.

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/ointment application. Fissures create unhappy tissues in the rectum, which leads to less blood flow to the area. The creams/ointments most often prescribed for fissure treatment are nitroglycerin, nifedipine, 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 a dedicated compounding pharmacy such as 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. An oral anti-inflammatory such as Advil/Motrin (ibuprofen) or Aleve (Naproxen) may also be required.

Other treatments for fissures include surgery (lateral internal sphincterotomy) or Botox. Botox does compare to surgery in terms of effectiveness, yet does not carry any downtime. Botox

injections are not covered by the public healthcare system. It may be covered by some third-party health insurance providers. **No single treatment is 100% effective**, and patients should be aware of this.

A relatively new suppository called Proktis-M is available on the market. While advertised as a hemorrhoid treatment, it is likely better utilized for anal fissure. Patients wishing to try this treatment would be encouraged to insert a single suppository at night. It is also recommended that this suppository be coated with the ointments/creams described above (nitroglycerin, nifedipine, or diltiazem).

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 relatively 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 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.

Hemorrhoid banding has some limitations:

- Banding is always performed internally. It DOES NOT directly address external hemorrhoids, although these will likely reduce in size over time. Banding is not appropriate for skin tags at the anus.
- Only one band is placed at a time, waiting approximately 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 anosopic 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 pressure sensation or the sensation of needing to pass a bowel movement. A mild ache responds to ibuprofen (Advil, Motrin) quite well.

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 in these cases. 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. Other options include Benefibre® or Kellogg's All-Bran Buds®.

How are perianal skin tags treated?

Perianal skin tags are treated by excision. This is usually performed after banding is complete. The procedure is performed by numbing the area with local anesthetic. The tag 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. Cosmetic perianal tag excision are not covered by the public health care plan.