CSSANZ
COLORECTAL SURGICAL SOCIETY
OF AUSTRALIA AND NEW ZEALAND

Haemorrhoids
Modern Management

What are Haemorrhoids?

Haemorrhoids are often described as "varicose veins" of the anal canal. In fact they consist of various engorged blood vessels covered by lining of the anal canal. As the haemorrhoid enlarges it bulges into the anal canal and eventually may protrude at the edge of the anus (prolapse). This may be associated with an anal tag.

External anal skin tags usually represent the remnant of stretched skin arising from prolapsed internal haemorrhoids at the anal verge or a previous peri-anal thrombosis.

A peri-anal thrombosis (clot) is a painful exquisitely sensitive lump on the edge of the anus, often mistaken for a prolapsed internal haemorrhoid.

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

Prolapse may occur during a bowel action. Usually this is reducible. Acute prolapse is less common, painful and requires a surgical opinion.

- Discomfort – Pain

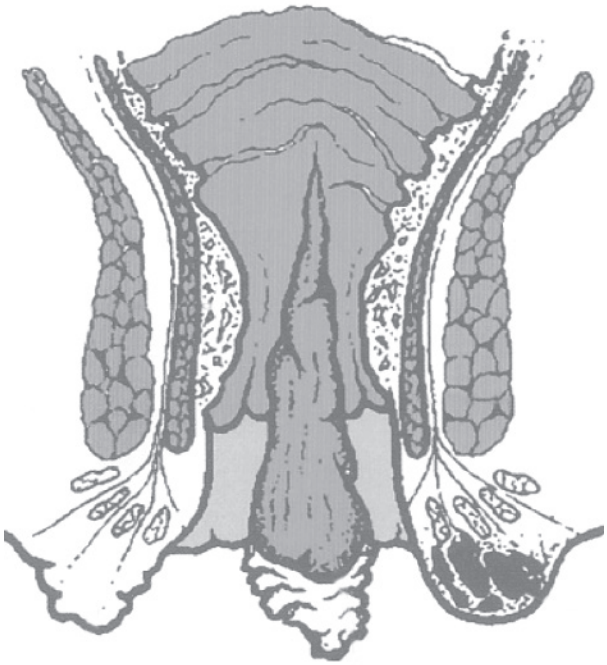
Some discomfort is common but severe pain may indicate a complication of the haemorrhoids (e.g. perianal thrombosis, acute prolapse) or the presence of an anal fissure (split).

- Itch (pruritus ani)

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.

A perianal thrombosis may necessitate excision of the small blood clots under local anaesthetic. This procedure should provide rapid relief. Most episodes however will resolve with conservative management over time.

After appropriate investigation the majority of haemorrhoids causing symptoms can be treated in the consultant's office.

- Injection

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

- Rubber band ligation

This treatment is appropriate for larger haemorrhoids. No anaesthetic (local or general) is required. The rubber bands obstruct the blood supply and cause the haemorrhoid to separate from its attachment to the bowel wall. The band and haemorrhoid are usually passed at 7-10 days.

- Stapled Haemorrhoidectomy

This procedure is an alternative to the traditional haemorrhoidectomy operation. It involves using a specially devised staple gun inserted through the anus and enables removal of the haemorrhoids without any open wounds. This procedure potentially results in less pain and earlier return to work but its longer term success is not yet known.

- Haemorrhoidectomy

Surgical excision is sometimes necessary to treat large or complicated haemorrhoids. The procedure is performed under anaesthesia. This operation may be conducted in hospital or in a Day Care Centre.

Other methods such as infra-red (heat) coagulation, Doppler ultrasound-ligation and laser removal have not demonstrated superior results to the above methods.

History

Haemorrhoid is derived from the Greek Haema (blood) and Rhoos (flowing). Pile comes from Latin Pila (a ball).

Haemorrhoid disease, one of the oldest afflictions of mankind, was probably treated as early as 2250 B.C. in Babylon. Hippocrates (460 B.C.) advised ligation, cautery and excision. Galen (131-201A.D.) regarded bleeding as therapeutic "blood letting". John of Arderne (1306-1390A.D.) used the term "piles" in his writing. In 1869 injection treatment was used by Morgan (Dublin). Rubber banding treatment was introduced by Barron (Detroit) in 1963.

Colorectal Surgical Society of Australia and New Zealand (CSSANZ)

Members of the Society are surgical specialists practising exclusively in colorectal surgery - the management of diseases of the large bowel (colon), rectum, anus and small bowel. After completing general surgery training they have completed a further period of training and research in colorectal surgery. The Society's mission is the maintenance of high standards in colorectal surgery and colonoscopy in Australia and New Zealand through the training of colorectal surgeons and the education of its members, and to promote awareness, prevention and early detection of colorectal diseases in the community.

The CSSANZ Foundation is a trust with a board of governors whose objective is to support high quality research projects for colorectal surgeons in training and our members. Donations to the CSSANZ Foundation are fully tax deductible in Australia and can be sent to:

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