

Hemorrhoids

Reducing the pain and discomfort

What are hemorrhoids?

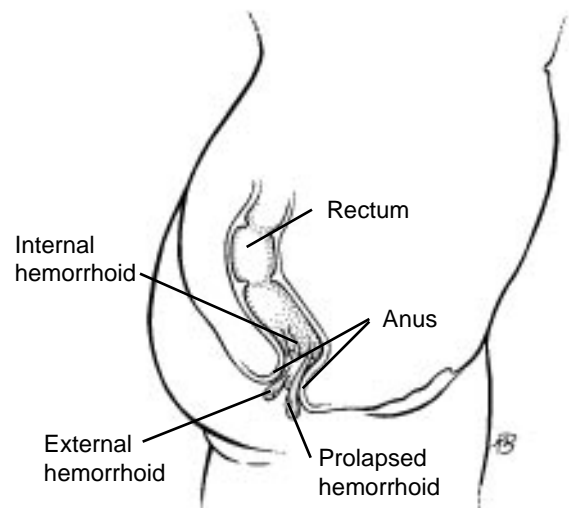
Hemorrhoids are swollen veins in your rectum or anus. The type of hemorrhoid you have depends on where it occurs.

Internal hemorrhoids involve the veins inside your rectum. You can't feel pain on the inside of your rectum, so you probably won't feel pain from an internal hemorrhoid. You may feel a fullness in the rectum, like you need to have a bowel movement.

Sometimes, an internal hemorrhoid may stretch down until it bulges outside your anus. This is called a *prolapsed hemorrhoid*. If this happens, you may feel a pinching sensation or you may just feel a painless lump when you wipe after a bowel movement. A prolapsed hemorrhoid will go back inside your rectum on its own, or you can gently push it back inside.

Prolapsed hemorrhoids can sometimes be itchy or painful, particularly if a blood clot forms. If a blood clot forms, you may feel a tender lump on the edge of your anus. Your hemorrhoid may crack and bleed. If your hemorrhoid bleeds, you may see bright red blood on the toilet paper when you wipe or in the toilet after a bowel movement.

Hemorrhoids that involve veins outside your anus—in your skin—are called *external hemorrhoids*. They may crack and bleed from straining or rubbing. External hemorrhoids can be itchy and painful, especially if a blood clot forms.



What causes hemorrhoids?

One of the main things that can lead to hemorrhoids is straining when you're trying to have a bowel movement. This may happen if you're constipated or if you have diarrhea. It may also happen if you sit on the toilet too long. When you sit on the toilet, your anus relaxes. The veins in your anus then fill with blood, which puts pressure on those veins.

Just about everyone has hemorrhoids at some time. But some things may make you more likely to get them. People whose parents had hemorrhoids may be more likely to get them. Pregnant women often get hemorrhoids because of the strain from carrying the baby and also from giving birth. Being very overweight, or standing or lifting too much can make hemorrhoids worse.

Should I see my doctor?

See your doctor if you notice bleeding to make sure the cause is hemorrhoids and not colitis, cancer or some other disease. Your doctor may be able to diagnose hemorrhoids just by examining you. An *anoscopy* or other test may also be needed. An anoscopy lets your doctor look into your anus with a thin tube-like instrument that has a light at the end.

What can I do about hemorrhoids?

Hemorrhoids are most often a short-term problem. Constipation is one of the main things that can lead to hemorrhoids. See the box below for some tips on preventing constipation.

In the meantime, you can follow the tips in the box on the next page to reduce the pain caused by hemorrhoids. Although you'll find many hemorrhoid medicines in the store, some haven't been proved to work. And some may even be harmful if you use them too much. Talk to your family doctor about which products may be helpful for you.

Preventing constipation

- Include more fiber in your diet. Fiber helps soften stools. Fresh fruits, leafy vegetables, and whole-grain breads and cereals are good sources of fiber.
- Avoid low-fiber foods, such as ice cream, cheese, white bread and meat.
- Drink plenty of fluids (except alcohol). Eight glasses of water a day is ideal.
- Exercise regularly.
- Bulk-forming laxatives may be helpful. Bulk-forming laxatives include bran, psyllium (Effer-Syllium, Fiberall, Metamucil, Perdiem, Serutan), polycarbophil (FiberCon) and methylcellulose (Citrucel).
- Avoid laxatives unless they're bulk-forming laxatives. Other types of laxatives can lead to diarrhea, which can worsen hemorrhoids.
- If you feel the need to have a bowel movement, don't wait too long to use the bathroom. Your stool will get drier and harder the longer you wait.

Will I need surgery?

Most hemorrhoids heal on their own in a week or two. Hemorrhoids tend to come back unless you do what you can to prevent them. If yours keep causing problems, talk with your doctor about your options.

Rubber band ligation can be used to treat internal hemorrhoids. It involves placing a small rubber band around the base of the hemorrhoid. This stops the flow of blood to the area. The hemorrhoid then withers away. Internal hemorrhoids can also be destroyed by injecting them with chemicals or by burning them. A *hemorrhoidectomy* (surgical removal of the hemorrhoid) may be needed if internal hemorrhoids are prolapsed or very large.

Painful external hemorrhoids that contain blood clots can be treated by removing the clot in a simple procedure. This works best when it's done within the first 24 hours after the clot forms and pain starts.

Relieving the pain

- Take warm soaks three or four times a day.
- Clean your anus after each bowel movement by patting gently with moist toilet paper or moistened pads, such as baby wipes. Rinsing in the shower may also be helpful. Pat, don't wipe, your anus clean.
- Use ice packs to relieve swelling.
- Acetaminophen (Datril, Panadol, Tylenol), ibuprofen (Advil, Medipren, Motrin, Nuprin) or aspirin may help relieve pain.
- Apply a cream that contains witch hazel to the area or use a numbing ointment. Creams that contain hydrocortisone can be used for itching or pain.
- For very painful flare-ups, stay off your feet and in bed for a full day.

This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.



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