



Understanding  
**Piles**








**PILES TREATMENT**  
AT SPECTRA INSTITUTE OF  
GENERAL & LAPAROSCOPIC  
SURGERY

## A painful problem

Haemorrhoids, cushions of swollen veins in the anal canal, are often a source of embarrassment. They shouldn't be – they're a very common problem that affects all kinds of people, including those who sit for long periods, pregnant women, and many others. They can cause discomfort and even pain, but your doctor can help you find relief.

## Symptoms of haemorrhoids

If you have haemorrhoids, you may notice one or more symptoms, including:

-  Pain
-  Itching
-  Irritation
-  Burning
-  Bleeding

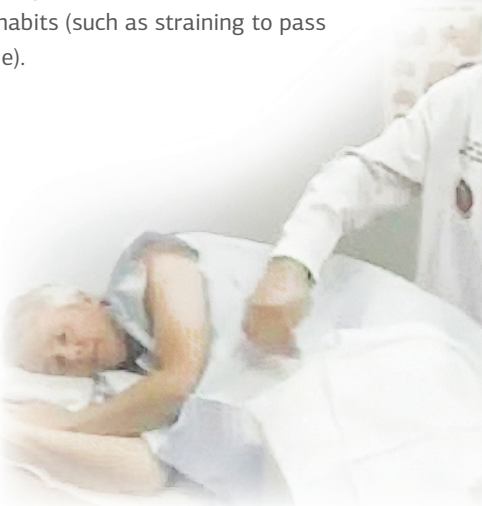


## Causes of haemorrhoids

Dry, hard-to-pass stool (constipation) is a major cause of haemorrhoids. Many women develop haemorrhoids during pregnancy. Sitting or standing for long periods can also be a factor. Other causes include heavy lifting, lack of exercise, too much strenuous exercise, chronic cough and poor bowel habits (such as straining to pass stool or sitting on the toilet for long periods of time).

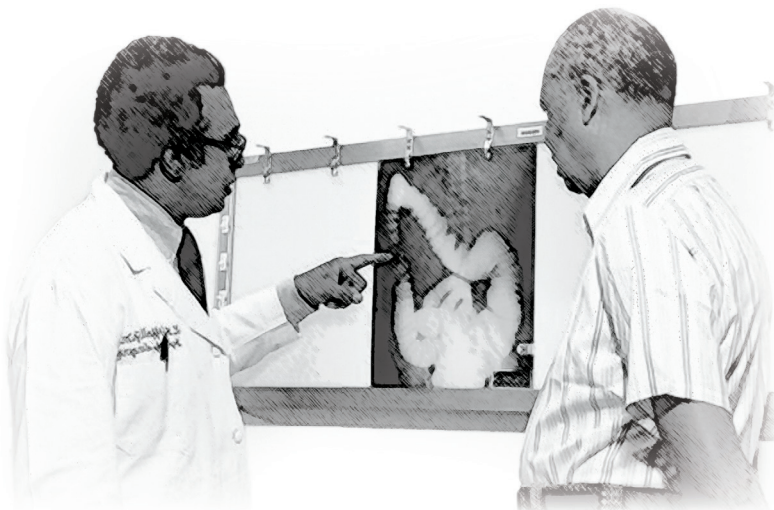
## Your evaluation

Haemorrhoids usually aren't serious, but some of their symptoms are similar to symptoms of more serious diseases. Your doctor can evaluate you to confirm the presence of swollen haemorrhoids and rule out any other problem. This evaluation may include a medical history, physical exam, and possibly some tests.



## Your history and exam

Your doctor may ask you about your symptoms and how long you've had them. You may also be asked about your diet, bowel habits, activities, and any medications you take. Your doctor may perform a visual examination to look at your anal skin and a digital rectal exam to feel for haemorrhoids in the anal canal. An anoscopic exam may also be done. During this exam, your doctor inserts a tube to view your lower anal canal.



## Tests

To rule out other problems, additional tests may be done. Your doctor may test a sample of your stool for blood. You may have a sigmoidoscopy or colonoscopy. During these tests, a lighted tube is used to examine your colon. Occasionally, a barium enema, a special test that provides an X-ray of your colon, may be done.

## Treating haemorrhoids

In many cases, your doctor can suggest a treatment plan that you can follow at home. The objective of this treatment is to help relieve your symptoms and ease constipation. In rare cases, surgery to remove a haemorrhoid may be necessary.

## Relieving your symptoms

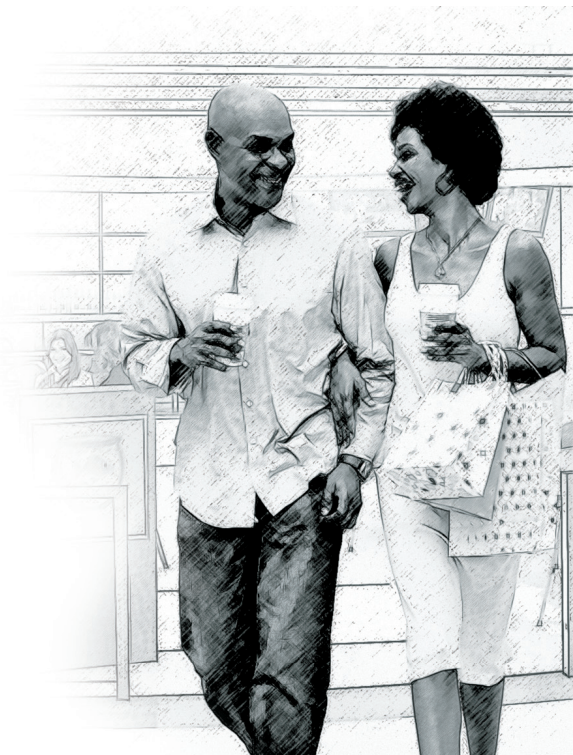
Here are some things you can try at home:

- ❏ Sitz baths (sitting for a few minutes in about three inches of warm water) or warm compresses may provide immediate relief of symptoms
- ❏ Non-prescription medications, such as pads, suppositories, and creams, can offer temporary relief of symptoms
- ❏ Good bowel habits, such as sitting on the toilet only as long as necessary and avoiding straining, can help prevent irritation that leads to swelling



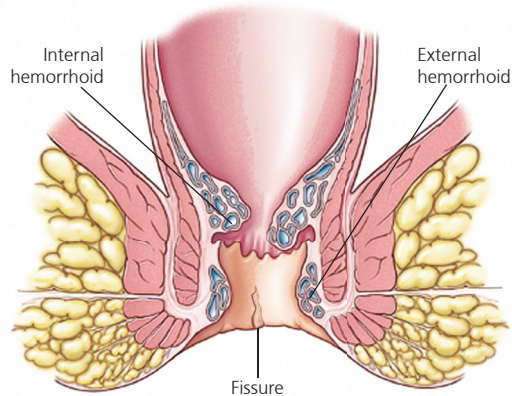
## Easing constipation

To ease constipation, which is a common cause of haemorrhoids, eat more high-fibre foods and drink six to eight glasses of water a day. When combined with a proper diet, regular exercise can also help prevent constipation.




## What are haemorrhoids?


The last inch or so of the colon (large intestine) is called the anal canal. The anal canal is lined with a network of small veins just under the skin. Certain activities, such as straining to push stool out (especially when constipated) or sitting for long periods of time, may cause these veins to enlarge. These enlarged veins create swollen pads of tissue, which we call haemorrhoids. Hard stool may further irritate haemorrhoids and push them out of the anal canal.

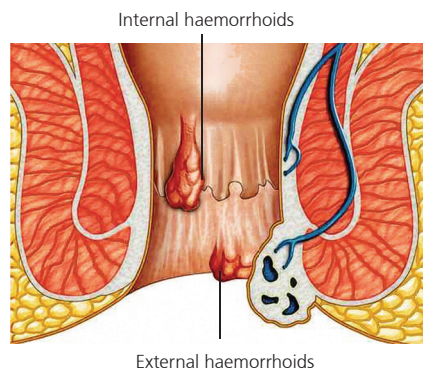


## Types of haemorrhoids

Two types of haemorrhoids may develop:

 **External haemorrhoids** look and feel like soft pads just outside the anus (rectal opening out of the body). They rarely cause pain until a blood clot forms inside them. Then, they can cause sudden severe pain






 **Internal haemorrhoids** commonly occur in clusters around the anal canal wall. They may sometimes extend out of the anus. Usually painless, they may bleed or discharge mucus. Other problems may cause symptoms similar to haemorrhoids. A fissure (a break in the skin) may be present in the anal canal and cause pain and bleeding





## Diets that can prevent haemorrhoids

The following foods can add fibre to your diet and help prevent the problem of haemorrhoids:

-  High-fibre cereals
-  Bran and whole grains such as brown rice
-  Vegetables (such as carrots, broccoli, and peas)
-  Fresh fruits (especially apples, pears, and dried fruits like raisins and apricots)
-  Nuts and legumes (especially beans such as lentils, kidney beans, and lima beans). If necessary, your doctor may also recommend an over-the-counter fibre supplement



## Recommended surgical treatment

Surgery may be recommended if other treatments for hemorrhoids don't work. Surgery carried out under general regional anaesthesia is sometimes used to remove or shrink large or external hemorrhoids.

**Hemorrhoidectomy:** Hemorrhoidectomy is the surgery to remove hemorrhoids. Conventional hemorrhoidectomy involves gently opening the anus so the hemorrhoids can be cut out. Hemorrhoidal artery ligation: Hemorrhoidal artery ligation is an operation to reduce the blood flow to your hemorrhoids. It involves inserting a small ultrasound probe into your anus that locates the vessels supplying blood to the hemorrhoid. Each blood vessel is stitched closed to block the blood supply to the hemorrhoid, which causes the hemorrhoid to shrink over the following days and weeks. The stitches can also be used to reduce prolapsing hemorrhoids (hemorrhoids that hang down from the anus).

**Stapling:** Stapling, also known as stapled hemorrhoidopexy, is an alternative to a conventional hemorrhoidectomy. It's sometimes used to treat prolapsed hemorrhoids. Stapled hemorrhoidectomy is a misnomer since the surgery does not remove the hemorrhoids but rather, removes the abnormally lax and expanded hemorrhoidal supporting tissue that causes the hemorrhoids to prolapse downward. In stapled hemorrhoidectomy, the surgery is done through the anal canal. A circular, hollow tube is inserted into the anal canal. The procedure is done through this tube. During stapled hemorrhoidectomy, the arterial blood vessels that travel within the expanded hemorrhoidal tissue and feed the hemorrhoidal vessels are cut. This reduces the blood flow to the hemorrhoidal vessels and reduces the size of the hemorrhoids. The staples are needed only until the tissue heals. They then fall off and pass in the stool unnoticed after several weeks. Stapled hemorrhoidectomy is designed primarily to treat internal hemorrhoids, but if external hemorrhoids are present, they may be reduced as well. Stapling has a shorter recovery time than a traditional hemorrhoidectomy, and you can probably return to work about a week afterwards. It also tends to be a less painful procedure.

**Laser Haemorrhoidoplasty:** This is an outpatient technique causing minimal pain and downtime. This procedure makes use of a Laser Haemorrhoidoplasty Kit enabling laser coagulation of haemorrhoidal nodes. The controlled emission of laser energy causes swollen Haemorrhoids to shrink. This technique ensures the prevention of reoccurrence of prolapse. This laser surgery does not demand insertion of any foreign material such as clamps inside the body. Haemorrhoidoplasty delivers excellent healing, since no stitches or incisions are involved. A small perianal port is used to access the haemorrhoidal tissue. Within a few hours after this surgery, the patient can resume daily activities.

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