

Hemorrhoids

Reducing the pain and discomfort

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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 may not feel pain from an internal hemorrhoid. You may get bleeding or you may feel a fullness in the rectum, like you need to have a bowel movement.
- Prolapsed hemorrhoids are internal hemorrhoids that have stretched down until they bulge outside your anus. When you have a prolapsed hemorrhoid, you may feel a pinching sensation or you may just feel a painless lump when you wipe after a bowel movement. Prolapsed hemorrhoids can sometimes be itchy or painful. If a blood clot forms, you may feel a tender lump on the edge of your anus. Your hemorrhoid may crack and bleed. If it bleeds, you may see bright red blood on the toilet paper when you wipe or in the toilet after a bowel movement. A prolapsed hemorrhoid will go back inside your rectum on its own, or you can gently push it back inside.
- 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?

Hemorrhoids are caused by increased pressure in the veins of your anus or rectum. One of the main causes 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.

Hemorrhoids can also be caused by obesity, heavy lifting, or any other activity that caused you to strain.

Who gets hemorrhoids?

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 weight of 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. Bleeding from your rectum or anus or bloody stools may be a sign of something more serious such as cancer.



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.

Preventing constipation

- Include more fibre in your diet. Fibre helps soften stools. Fresh fruit, leafy vegetables, and whole-grain breads and cereals are good sources of fibre.
- Avoid low-fibre 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 (some examples are Metamucil, Fibrepur, Novo-Mucilax, Prodiem [plain]), and others (an example is Fybryax). Other types of laxatives can lead to diarrhea, which can make hemorrhoids worse.
- Avoid laxatives for more than occasional use unless they're bulk-forming.
- 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.

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

Relieving the pain

- Take warm soaks (sitz baths) or regular baths 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 Tucks), or baby wipes. Rinsing in the shower may also be helpful. Pat, don't wipe, your anus clean.
- Use ice packs to relieve swelling.
- Acetaminophen (some examples are Panadol and Tylenol), ibuprofen (some examples are Advil, Medipren, and Motrin), 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 stay in bed for a full day.
- Avoid heavy lifting and straining.

Don't use hemorrhoid medicine without talking to your family doctor first.

Will I need surgery?

Most hemorrhoids heal and stop hurting 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.

Internal hemorrhoids can also be destroyed by injection sclerotherapy (injecting them with chemicals), infrared coagulation, or by electrocoagulation (burning them). 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.

A hemorrhoidectomy (surgical removal of the hemorrhoids) may be needed if internal hemorrhoids are prolapsed or very large. You need to inform your surgeon about any medications you take that may lead to excessive bleeding during surgery, such as Coumadin and Plavix. He or she may ask that you stop taking those medications a few days before the procedure.

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 to 72 hours after the clot forms and pain starts.

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