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SELF-CARE INFORMATION ON PILES

Piles (Haemorrhoids) are swellings that develop from the lining of the anus and lower rectum. Symptoms range from temporary and mild, to persistent and uncomfortable. In many cases, haemorrhoids are small, and symptoms settle down without treatment. If required, treatment is usually effective. There are various treatment options, detailed below.

What are haemorrhoids and what causes them?

Haemorrhoids are swellings that can occur in the anus and lower rectum. About half the people in the UK develop one or more haemorrhoids at some stage. Veins within the inside lining of the anus and rectum sometimes become wider and engorged with more blood than usual, forming small swellings called haemorrhoids.

The exact reason why these changes occur and lead to haemorrhoids forming is not always clear. However, it is thought that pressure or straining in and around the anus can be a major factor.

Certain situations increase the chance of haemorrhoids developing:

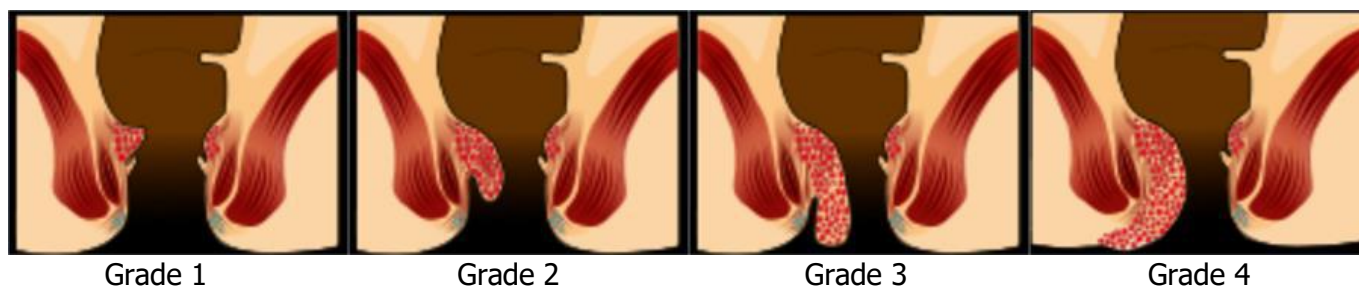
- *Constipation* and straining at the toilet can haemorrhoids to develop.
- *Pregnancy* is a common cause of haemorrhoids. This is probably due to pressure effects of the baby and the effect of hormones during pregnancy.
- *Ageing*. The tissues in the lining of the anus may become less supportive as we get older.
- *Hereditary factors*. Some people may inherit a weakness of the wall of the veins in the anal region.

What are the symptoms of haemorrhoids?

Internal haemorrhoids

These form in the back passage about 2 to 4cm above the opening of the anus. Their severity and size are classified into grades 1 to 4:

- *Grade 1* haemorrhoids are small swellings on the inside lining of the back passage. They cannot be seen or felt from outside the anus. Grade 1 haemorrhoids are common. In some people they enlarge further to grade 2 or more.
- *Grade 2* are larger. They may be partly pushed out (prolapse) from the anus when you go to the toilet, but quickly spring back inside again.
- *Grade 3* hang out (prolapse) from the anus. You may feel one or more as small, soft lumps that hang from the anus. However, you can push them back inside the anus with a finger.
- *Grade 4* permanently hang down from within the anus, and you cannot push them back inside. They sometimes become quite large.



Although small haemorrhoids are usually painless, symptoms can vary. The most common symptom is bleeding after going to the toilet. Larger haemorrhoids may cause a mucous discharge, some pain, irritation, and itch. The discharge may irritate the skin around the anus. You may have a sense of fullness in the anus or a feeling of not fully emptying your rectum when you go to the toilet. Occasionally the blood in a larger haemorrhoid may *clot or thrombose* which can be very painful.

External haemorrhoid (sometimes called a perianal haematoma).

This is less common than internal haemorrhoids. An external haemorrhoid is a small lump that develops on the outside edge of the anus. Many do not cause symptoms. However, if a blood clot forms in the haemorrhoid (*a thrombosed external haemorrhoid*) it can suddenly become very painful and need urgent treatment. The pain due to a thrombosed external haemorrhoid usually peaks after 48-72 hours, and then gradually goes away over 7-10 days. A thrombosed external haemorrhoid may bleed a little for a few days. It then gradually shrinks to become a small skin-tag.

What is the treatment for haemorrhoids?

Avoid constipation and straining at the toilet

Keep stools soft and don't strain on the toilet.

You can do this by the following:

- *Eating plenty of fibre* such as fruit, vegetables, cereals, wholemeal bread, etc.
- *Having lots of clear fluids* to drink. Adults should aim to drink at least two litres (10-12 cups) per day. Alcoholic drinks can be dehydrating and so are not recommended.

- *Taking fibre supplements.* If a high fibre diet is not helping you can take fibre supplements (bulking agents) such as ispaghula, methylcellulose, bran or sterculia. You can buy these at pharmacies. Methylcellulose also helps to soften faeces directly which makes them easier to pass.
- *Avoiding painkillers* that contain codeine or other opiates, as they are a common cause of constipation.
- *Toileting.* Go to the toilet as soon as possible after feeling the need. Delaying going to the toilet may result in bigger and harder faeces forming which are more difficult to pass. Do not strain on the toilet. Do not spend too long on the toilet, which may encourage you to strain. (For example, do not read whilst on the toilet.)

The above measures will often ease symptoms such as bleeding and discomfort. It may be all that you need to treat small and non-prolapsing haemorrhoids (grade 1). Small grade 1 haemorrhoids often settle down over time.

Ointments, creams, and suppositories

There are various preparations and brands are commonly used which can ease symptoms such as discomfort and itch.

- A bland soothing cream, ointment or suppository may ease discomfort. Several brands are available without a prescription. Ask a pharmacist for advice.
- Preparations that contain an anaesthetic are effective at easing pain. These are only recommended for short periods (five to seven days), as if used for longer they may irritate or sensitise the skin around the anus. A pharmacist can advise you.
- One that contains a steroid may be advised by a doctor if there is a lot of inflammation around the haemorrhoids. Steroids reduce inflammation and may help to reduce any swelling around a haemorrhoid. This may help to ease itch and pain. These can be used for 1-2 weeks at a time.
- Very painful prolapsed haemorrhoids are uncommon. The pain may be eased by an ice pack pressed on for 15-30 minutes. Strong painkillers may be needed.

Haemorrhoids of pregnancy usually settle after the birth of the child. Treatment is as above.

Banding treatment

Banding is a common treatment for grade 2 and 3 haemorrhoids. It may also be done to treat grade 1 haemorrhoids which have not settled with the measures described above.

This procedure is usually done by a surgeon in an outpatient clinic. A rubber band is placed at the base of the haemorrhoid which cuts off the blood supply and causes the pile to drop off after a few days. Banding of internal haemorrhoids is usually painless. Haemorrhoids are less likely to recur after banding if you do not become constipated and do not strain on the toilet (as described above).

Other treatment options

A variety of other surgical procedures are occasionally used including:

- *Injection sclerotherapy* Phenol oil is injected into the tissues at the base of the haemorrhoids. causing fibrotic (scarring) reaction resulting in the haemorrhoid tissue dying and dropping off..
- *Haemorrhoidectomy (the traditional operation)* An operation to cut away larger haemorrhoid(s). The operation is done under general anaesthetic and is usually successful. However, it can be quite painful in the days/weeks following the operation.

- *Haemorrhoidal artery ligation* -the small arteries that supply blood to the haemorrhoids are tied (ligated). This causes the haemorrhoid(s) to shrink. This procedure is not usually painful.

Before surgery for haemorrhoids can be considered the following criteria must be fulfilled:

Patient has tried the entire range of conservative therapies available over a period of at least six months:

- a) Increasing fluids and fibre intake (using bulking agents if necessary)
- b) Use of appropriate laxatives
- c) Avoidance of straining
- d) Weight management: reduce weight if BMI > 25
- e) Maintain alcohol intake within the normal range
- f) Regular physical exercise
- g) Abstinence from smoking.

Useful information and contacts

- Ask your pharmacist
- NHS Choices - www.nhs.uk
- Patient UK - www.patient.co.uk
- <http://www.nhs.uk/conditions/piles-haemorrhoids/>
- <https://www.bowelresearchuk.org/about-bowels/other-bowel-disorders/haemorrhoids-piles/>

If you have further questions:

- *Call the practice on 01285 653184 or 01285 653122*
- If you require ***urgent*** medical advice, call 111 (24 hours)
- ***In an emergency call 999***