

# HAEMORRHOIDS

## (PILES)

### An Overview

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### IMPORTANT

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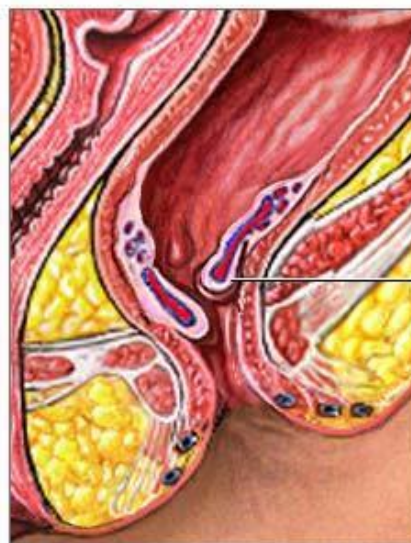
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### Introduction

Haemorrhoids (Piles) are varicosities of the veins in the rectum (internal) or on it (external) that are often inflamed and thrombosed and have a tendency to bleed.

Thus, haemorrhoids are arteriovenous vascular networks situated below the lower mucous membrane of the intestine and under the skin at the extremity of the large intestine as well as in the upper area of the anal canal. These vascular networks cover the closing muscle of the anus allowing maximum elasticity and additional occlusion for a perfect closure - hence, the continence of faecal matter, secretions, and gases.

Haemorrhoids are actually blood vessels which are always present. Haemorrhoid complaints however, are the result of blood congestion which provokes an enlargement and inflammation of these vessels.



These are swollen piles / haemorrhoids which first are internal but then multiply, grow in size become external, bleed and are very painful.

A haemorrhoid is formed when a portion of the vascular mound of the haemorrhoidal plexus weakens and prolapses after being subjected to increased vascular pressures over time. These projections from the anal lining are subject to ulceration and infection. This condition shows various stages of seriousness:

- **First Stage** - an external examination or palpation does not reveal anything except a slight swelling with occasional itching or secretion. The enlargement of the vascular networks prevents them from closing the anal orifice. The anal region is slightly painful.
- **Second Stage** - the vascular nodules protrude and then retract spontaneously during bowel movement. This stage is characterised by strong itching, a burning feeling, mucous and bright red blood discharges.
- **Third Stage** - the vascular nodules lose their retractility and have to be manually reinserted into the anus. At this stage there could be anal fissures i.e. lesions of the mucous membrane.

(Picture right - Third degree Haemorrhoids)



- **Fourth Stage** - the nodules and vascular masses become very painful and cannot be reinserted. A considerable swelling prevents the blood from flowing back, a condition which could result in haemorrhoidal thrombosis, abscesses, ulcers and gangrene leading possibly to a septic thrombophlebitis of the portal vein. Beware, this stage can be fatal.

Typical symptoms include:

- Pain
- Bright red blood on toilet tissue following defecation
- A rectal skin tag may be present
- Strangulation of a haemorrhoid may produce severe pain
- Mucus production is sometimes seen

### Causes and Incidence

The exact causal mechanism for haemorrhoid formation is unknown but is hypothesized to be associated with increased pressure, which causes congestion in the haemorrhoidal plexus in the anus. Increased pressure has been attributed to straining on defecation, various occupations that require prolonged standing or sitting, pregnancy, and chronic constipation. Haemorrhoids occur universally in children and adults and are treated as a normal finding when asymptomatic. Symptoms such as pain, bleeding, and protrusion are most often seen in adults between 20 and 50 years of age.

Also, these afflictions may be caused by hereditary or acquired connective tissue deficiencies. The symptoms are triggered by constipation, portal vein hypertension, an excessively sedentary lifestyle, standing up for long periods, a low-fibre diet, customary intake of laxatives, straining to pass stools, excessive body weight, very spicy foods and a considerable consumption of alcohol and/or nicotine. Synthetic underwear is also to blame as it provokes sweating, an abnormally high heating of the area and inflammation.

The anal canal, made up of mucous membrane and muscle, is a transition area between the digestive tract and the skin of the perineum. The muscles are reinforced at the inner and external sphincter level, and are voluntarily controlled by a reflex that early in life a baby learns to deal with.

The cutaneous area of the anal canal and of the perineum has sensitive receptors which react markedly to touch, pain and temperature. For the complete closure of the anal canal and a selective reaction to the passing of stools, liquids or gas, there must be perfect control of the external sphincter which is obtained thanks to the vascular structures (haemorrhoids) of the anal canal itself. This necessitates normal and useful subtle communications between these vessels. Any surgical interference could damage this clockwork precision at the anal level and prevent the complete closure of the anus, ensuing in the unpleasant incontinence conditions and the like.

## Diagnosis

Internal haemorrhoids begin above the internal opening of the anus. If they become large enough to protrude from the anus, they become squeezed and painful. Small internal haemorrhoids may bleed with bowel movements. External haemorrhoids appear outside the anal opening. They are usually not painful, and bleeding does not occur unless a haemorrhoidal vein breaks or becomes blocked.

## Diagnostic Tests

Haemorrhoids are easily diagnosed by direct rectal examination or anoscopy.

## Potential Complications

The most common complication is strangulation of an ulcerated and oedematous haemorrhoid. In rare cases, severe bleeding may occur and lead to secondary anaemia.

(Picture right - Third Degree Haemorrhoids)



## Treatment

Treatment includes the use of surface medication to lubricate, kill the pain, and shrink the haemorrhoid; sitz baths (a sitz bath, also called 'hip bath' (Literally (*German*) 'seat' bath), is a bath in which only the hips and buttocks are soaked in water or saline solution. The procedure is used for patients who have had surgery in the area of the rectum), and cold or hot packs are also soothing. The haemorrhoids may need to be hardened by injection, tied off, or removed by a surgical procedure. Tying off is increasingly the preferred treatment. It is simple, effective, and does not require anaesthesia. The haemorrhoid is grasped with a forceps and a rubber band is slipped over the enlarged part, causing the tissue to die and the haemorrhoid to fall off, usually within 1 week.

## Care

Straining to defecate, constipation, and too much sitting cause haemorrhoids. Because pregnancy can also help bring on haemorrhoids, the pregnant woman is advised to avoid constipation.

## Which treatment should be followed?

Before choosing a drastic treatment which might be later regretted, try to regenerate the vital functions of this area of your body with alternative, effective remedies with no side-effects.

**Surgery** - Injection sclerotherapy to eliminate bleeding haemorrhoids; rubber band ligation for protruding, non-reducible, internal haemorrhoids.

**Drugs** - Topical anaesthetic ointments for pain; stool softeners; analgesics.

**General** - High-fibre diet; adequate hydration; warm sitz baths (a sitz bath, also called 'hip bath' (Literally (*German*) 'seat' bath), is a bath in which only the hips and buttocks are soaked in water or saline solution. The procedure is used for patients who have had surgery in the area of the rectum); use of wet wipes instead of toilet paper.

In order to prevent constipation, adopt a diet rich in fibre, eat food supplements such as flax or plantain seeds, and drink at least 2 litres of mineral water, fruit or herb tea a day. So as to avoid heat and humidity stagnation, wear only cotton clothes that absorb sweat, are washable at 95 degrees, and which allow your skin to breathe. Exercise regularly, swim, jog, walk, or do gymnastics to reinforce your pelvic region and to balance the weight it has to carry.

The following exercise is suggested to develop the pelvic muscles:

- Squeeze firmly your sphincter muscle as if to contain bowel movement.
- Count up to ten and then relax.
- Repeat the exercise 30 times in a row, twice a day.

The results will only be visible after a couple of weeks, so do not give up. After the haemorrhoids have disappeared keep on exercising every day for ten minutes, sitting down or standing up.

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