

# Hemorrhoids

*National Digestive Diseases Information Clearinghouse*



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## **What Are Hemorrhoids?**

Hemorrhoids are swollen but normally present blood vessels in and around the anus and lower rectum that stretch under pressure, similar to varicose veins in the legs.

The increased pressure and swelling may result from straining to move the bowel. Other contributing factors include pregnancy, heredity, aging, and chronic constipation or diarrhea.

Hemorrhoids are either inside the anus (internal) or under the skin around the anus (external). (See figure on page 2.)

## **What Are the Symptoms of Hemorrhoids?**

Many anorectal problems, including fissures, fistulae, abscesses, or irritation and itching (pruritus ani), have similar symptoms and are incorrectly referred to as hemorrhoids.

Hemorrhoids usually are not dangerous or life threatening. In most cases, hemorrhoidal symptoms will go away within a few days.

Although many people have hemorrhoids, not all experience symptoms. The most common symptom of internal hemorrhoids is bright red blood covering the stool, on toilet paper, or in the toilet bowl. However, an internal hemorrhoid may protrude through the anus outside the body, becoming irritated and painful. This is known as a protruding hemorrhoid.

Symptoms of external hemorrhoids may include painful swelling or a hard lump around the anus that results when a blood clot forms. This condition is known as a thrombosed external hemorrhoid.

In addition, excessive straining, rubbing, or cleaning around the anus may cause irritation with bleeding and/or itching, which may produce a vicious cycle of symptoms. Draining mucus may also cause itching.

## **How Common Are Hemorrhoids?**

Hemorrhoids are very common in men and women. About half of the population have hemorrhoids by age 50. Hemorrhoids are also common among pregnant women. The pressure of the fetus in the abdomen, as well as hormonal changes, cause the hemorrhoidal vessels to enlarge. These vessels are also placed under severe pressure during childbirth. For most women, however, hemorrhoids caused by pregnancy are a temporary problem.

## **How Are Hemorrhoids Diagnosed?**

A thorough evaluation and proper diagnosis by the doctor is important any time bleeding from the rectum or blood in the stool lasts more than a couple of days. Bleeding may also be a symptom of other digestive diseases, including colorectal cancer.

The doctor will examine the anus and rectum to look for swollen blood vessels that indicate hemorrhoids and will also perform a digital rectal exam with a gloved, lubricated finger to feel for abnormalities.

Closer evaluation of the rectum for hemorrhoids requires an exam with an anoscope, a hollow, lighted tube useful for viewing internal hemorrhoids, or a proctoscope, useful for more completely examining the entire rectum.

To rule out other causes of gastrointestinal bleeding, the doctor may examine the rectum and lower colon (sigmoid) with sigmoidoscopy or the entire colon with colonoscopy. Sigmoidoscopy and colonoscopy are diagnostic procedures that also involve the use of lighted, flexible tubes inserted through the rectum.

#### What Is the Treatment?

Medical treatment of hemorrhoids initially is aimed at relieving symptoms. Measures to reduce symptoms include:

- Warm tub or sitz baths several times a day in plain, warm water for about 10 minutes.
- Ice packs to help reduce swelling.
- Application of a hemorrhoidal cream or suppository to the affected area for a limited time.

Prevention of the recurrence of hemorrhoids is aimed at changing conditions associated with the pressure and straining of constipation. Doctors will often recommend increasing fiber and fluids in the diet. Eating the right amount of fiber and drinking six to eight glasses of fluid (not alcohol) result in softer, bulkier stools. A softer stool makes emptying the bowels easier and lessens the pressure on hemorrhoids caused by straining. Eliminating straining also helps prevent the hemorrhoids from protruding.

Good sources of fiber are fruits, vegetables, and whole grains. In addition, doctors may suggest a bulk stool softener or a fiber supplement such as psyllium (Metamucil®) or methylcellulose (Citrucel®).

In some cases, hemorrhoids must be treated surgically. These methods are used to shrink and destroy the hemorrhoidal tissue and are performed under anesthesia. The doctor will perform the surgery during an office or hospital visit.

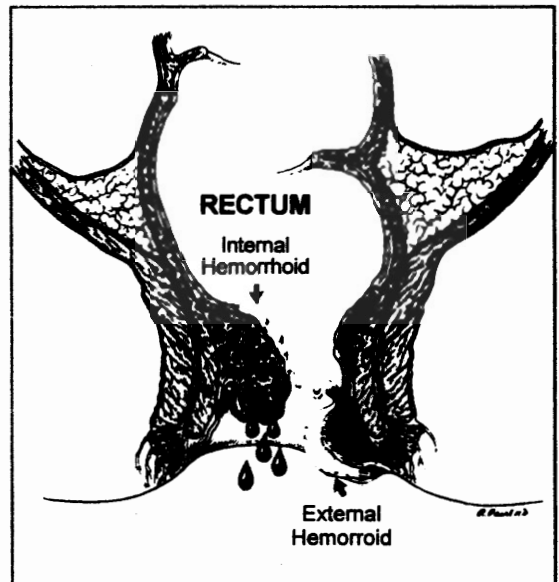


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Artist: Russell K. Pearl, M.D.

A number of surgical methods may be used to remove or reduce the size of internal hemorrhoids. These techniques include:

- Rubber band ligation — A rubber band is placed around the base of the hemorrhoid inside the rectum. The band cuts off circulation, and the hemorrhoid withers away within a few days.
- Sclerotherapy — A chemical solution is injected around the blood vessel to shrink the hemorrhoid.

Techniques used to treat both internal and external hemorrhoids include:

- Electrical or laser heat (laser coagulation) or infrared light (infrared photo coagulation) — Both techniques use special devices to burn hemorrhoidal tissue.
- Hemorrhoidectomy — Occasionally, extensive or severe internal or external hemorrhoids may require removal by surgery known as hemorrhoidectomy. This is the best method for permanent removal of hemorrhoids.

### **How Are Hemorrhoids Prevented ?**

The best way to prevent hemorrhoids is to keep stools soft so they pass easily, thus decreasing pressure and straining, and to empty bowels as soon as possible after the urge occurs. Exercise, including walking, and increased fiber in the diet help reduce constipation and straining by producing stools that are softer and easier to pass. In addition, a person should not sit on the toilet for a long period of time.

### **Additional Readings**

*Bleeding in the Digestive Tract*. 1992. Fact sheet discusses many common causes of bleeding in the digestive tract and related diagnostic procedures and treatment. Available from the National Digestive Diseases Information Clearinghouse, Box NDDIC, 9000 Rockville Pike, Bethesda, Maryland 20892.

Cocchiara, J.L. Hemorrhoids: A practical approach to an aggravating problem. *Postgraduate Medicine* 1991; 89(1): 149-152. Article for health care professionals discusses causes, symptoms, and treatments.

Sohn, N. Hemorrhoids: Etiology, pathogenesis, classification, and medical therapy. *Practical Gastroenterology* 1991; XV(9): 21-24. General article for physicians.

Stehlin, D. No strain no pain: The bottom line in treating hemorrhoids. *FDA Consumer* 1992; 26(2): 31-33. General information article for patients and the public.