CSSANZ
COLORECTAL SURGICAL SOCIETY
OF AUSTRALIA AND NEW ZEALAND

Haemorrhoids
Modern Management

What are Haemorrhoids?

Haemorrhoids are often described as "varicose veins" of the anal canal. In fact they consist of various swollen blood vessels covered by the lining of the anal canal. Most haemorrhoids commence as internal haemorrhoids and cannot be seen but as a haemorrhoid enlarges it bulges into the anal canal and eventually it may protrude through the opening of the anus (prolapse). This can sometimes cause an anal skin tag by stretching the skin.

What Causes Haemorrhoids?

Internal haemorrhoids are due to a weakening of the supportive connective tissues within the anal canal allowing the lower rectal lining to bulge. Contributing factors cause veins within the haemorrhoids to enlarge.

Contributing factors might include:

- ageing
- chronic constipation or diarrhoea
- pregnancy
- faulty bowel habit
- straining at bowel action
- long periods on the toilet.

What are the Symptoms?

Bleeding

This is the most common symptom of haemorrhoids, usually seen on the toilet paper. Often the blood may drip or spray into the toilet bowl. It is unwise to assume that bleeding is always due to haemorrhoids without appropriate investigation.

Lumps

External lumps from haemmorhoids (prolapse) may occur during a bowel action or at other times. Usually this is reducible. Acute prolapse is less common, painful and requires a surgical opinion.

Discomfort – Pain

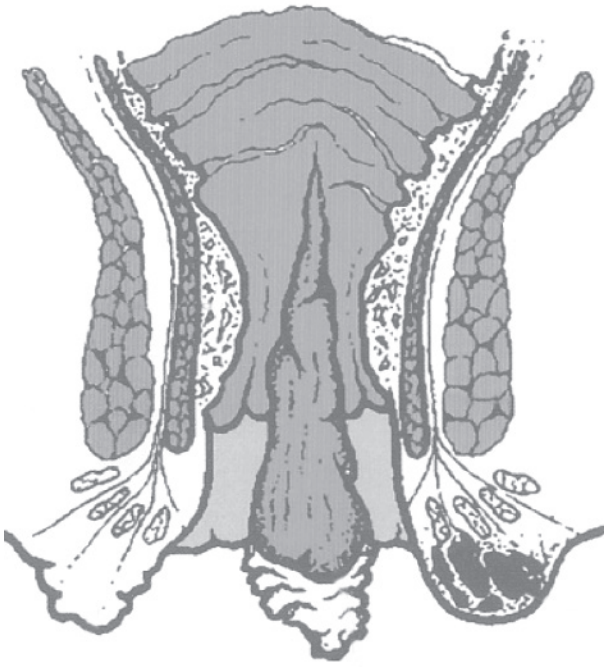
Moderate discomfort is common but severe pain may indicate a complication of the haemorrhoids (e.g. perianal thrombosis, acute prolapse) or the presence of an anal fissure (split).

Itch

This common symptom is due to mucous discharge.

Do Haemorrhoids Lead to Cancer?

No. There is no relationship known between haemorrhoids and cancer. However the symptoms of haemorrhoids may be very similar to those of bowel cancer.



It is important that all symptoms, especially bleeding, are investigated by a surgeon specially trained in treating diseases of the colon and rectum.

How are Haemorrhoids Treated?

You should not rely on self medication. A consultation with your general practitioner and subsequent referral to a colorectal surgeon will ensure that your symptoms are properly evaluated and effective treatment is prescribed. Elimination of rectal bleeding is important.

Mild symptoms can frequently be relieved by increasing fibre and fluids in the diet and avoiding excessive straining. Local ointments are of limited value but may give some relief.

A perianal thrombosis (blood clot) may need excision under local anaesthetic. This procedure should provide rapid relief.

Injection

Injection with a chemical—phenol (in oil) can stop bleeding if the haemorrhoids are small.

Rubber band ligation

Rubber bands can be applied to internal haemorrhoids to decrease their size and rate of bleeding. This procedure can be performed in combination with injection and both can be performed as a day procedure or in rooms.

Haemorrhoidectomy

Surgical excision is sometimes necessary to treat large or complicated haemorrhoids. The procedure is performed under general anaesthesia. The operation may be conducted in hospital or in a day care centre.

Stapled Haemorrhoidectomy

This is a form of surgery that removes a circular disc of tissue lining the upper portion of the haemorrhoids so as to 'hitch up' prolapsing haemorrhoids.

THD (Transanal Haemorrhoidal De-arterialisation)

This procedure involves identifying the arteries to the haemorrhoids using an ultrasound device and suturing the arteries and haemorrhoid blood vessels. The aim of this procedure is to assist the haemorrhoids to 'shrink up' without removing them.

History

Haemorrhoid is derived from the Greek Haema (blood) and Rhoos (flowing). Pile comes from Latin Pila (a ball).

Haemorrhoid disease, one of the oldest afflictions of mankind, was probably treated as early as 2250 B.C. in Babylon. Hippocrates (460 B.C.) advised ligation, cautery and excision. Galen (131-201A.D.) regarded bleeding as therapeutic "blood letting". John of Arderne (1306-1390A.D.) used the term "piles" in his writing. In 1869 injection treatment was used by Morgan (Dublin). Rubber banding treatment was introduced by Barron (Detroit) in 1963.

Colorectal Surgical Society of Australia and New Zealand (CSSANZ)

Members of the Society are surgical specialists practising exclusively in colorectal surgery - the management of diseases of the large bowel (colon), rectum, anus and small bowel. After completing general surgery training they have completed a further period of training and research in colorectal surgery. The Society's mission is the maintenance of high standards in colorectal surgery and colonoscopy in Australia and New Zealand through the training of colorectal surgeons and the education of its members, and to promote awareness, prevention and early detection of colorectal diseases in the community.

The CSSANZ Foundation is a trust with a board of governors whose objective is to support high quality research projects for colorectal surgeons in training and our members. Donations to the CSSANZ Foundation are fully tax deductible in Australia and can be sent to:

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