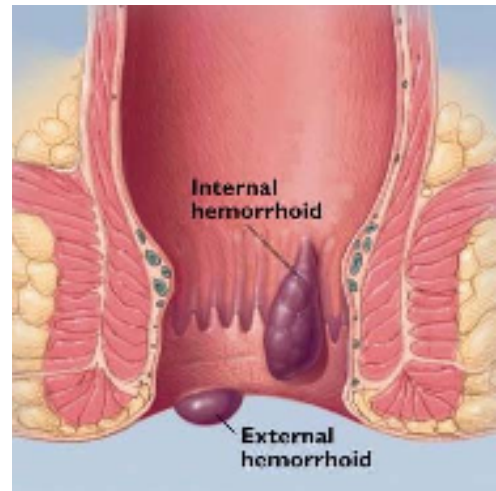


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Hemorrhoids

What are Hemorrhoids?

The term hemorrhoid refers to a condition in which the veins around the anus or lower rectum are swollen and inflamed. They occur when straining or pressure increases in the rectum, forcing blood to stretch and bulge the walls of the veins, sometimes rupturing them. Other contributing factors include pregnancy, aging, chronic constipation or diarrhea, anal rectal trauma and long periods in a seated position. Hemorrhoids generally are classified as external (outside the anal canal) or internal (inside the anal canal). Hemorrhoids are very common in both men and women. They are found in about half of the population by age 50.



Signs and Symptoms

Symptoms usually depend on the location of the hemorrhoids.

- **Internal hemorrhoids.** You can't see or feel internal hemorrhoids because they lack pain-sensitive nerve fibers and are deep inside the rectum. The most common symptom of internal hemorrhoids is bright red blood covering the stool, on toilet paper or in the toilet bowl. Sometimes straining can push an internal hemorrhoid through the anal opening (prolapsed) causing itching or pain.
- **External hemorrhoids.** These may occur as swelling or a hard lump. External hemorrhoids may be painful, may burn or itch. If an external hemorrhoid becomes *thrombosed* (develop blood clots inside) they become very tender and may produce pain with walking, sitting or with the passage of stool.

Treatment

Medical treatment of hemorrhoids is aimed at relieving symptoms and preventing reoccurrence. At times surgical intervention may be indicated.

Symptom Relief

- Sitz baths (soaking the rectal area in hot water, in a shallow bath) or a warm bath for 15-20 minutes, 3-4 times/day. A device for sitz baths that fits over the toilet is available at medical supply stores and some pharmacies.

- Application of a hemorrhoidal cream or suppository to the affected area for a limited time. Examples of these include **Anusol HC suppositories** (hydrocortisone 1%) and **Anusol HC cream** (hydrocortisone 1%).
- Use an over-the-counter topical numbing agent such as **dibucaine** or pads containing witch hazel for the discomfort.
- Cleanse the entire rectal area with warm water after each bowel movement. It may be helpful to use wet toilet paper instead of dry toilet paper after a bowel movement.
- Use a stool softener if hard stools are present or a bulk fiber laxative to soften stools. Examples of these include **Citrucel**, a bulk fiber laxative, or **Senokot S**, a stool softening and lubricating stimulate.
- Mild over-the-counter pain relievers for the aching discomfort
- Apply ice packs or cold compresses on the anus for up to 10 minutes four times a day.
- If the hemorrhoid has prolapsed, gently push the hemorrhoid back into the anal canal.

Thrombosed External Hemorrhoids

One treatment option for thrombosed external hemorrhoids is to allow the clots in the external hemorrhoids to be slowly absorbed by the body over several weeks. This treatment includes warm baths, ointments or creams for the inflammation and discomfort, stool softeners and pain medication.

Thrombosed external hemorrhoids can be surgically removed during the first 24 hours after symptoms start. Significant symptom relief can be achieved with early surgery. After 24 hours, the pain relief from the surgery may not be greater than the discomfort from the surgery itself. An incision is made over the clot, allowing the doctor to squeeze out the clot. Unfortunately, this quick and easy procedure frequently results in blood clots reforming and continuing pain.

Preventing Reoccurrence

- **Eat high-fiber foods.** This softens the stool and increases the bulk, lessening the straining that can cause hemorrhoids. Increase the fiber in the diet to 20 to 35 grams per day. Good sources of fiber include fruits, vegetables and whole grains.
- **Fiber supplements.** Add an over the counter bulk stool softener or fiber supplement such as Metamucil or Citrucel. Be sure to drink plenty of fluids or fiber supplements can cause constipation. Add fiber to diet slowly to avoid problems with gas.
- **Drink plenty of fluids.** Drink eight to ten glasses of fluid (not alcohol) per day to soften and increase bulk in the stool.




- **Eliminate straining.** Straining or holding your breath when trying to pass a stool creates greater pressure in the veins in the lower rectum.
- **Don't postpone having a bowel movement.** To prevent constipation, don't wait to have a bowel movement. Go when you have the urge.
- **Exercise.** Stay active to reduce pressure on veins.
- **Avoid long periods of standing or sitting.** If you have a seated job, make it a point to stand and walk at least 5 minutes every hour or try to shift your position in your chair frequently.
- **Always exhale as you strain or lift.** Don't hold your breath.



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Patient Instructions Following Hemorrhoidectomy

1. You will have discomfort when the numbing medicine wears off. Pain may be relieved by taking a combination of acetaminophen (brand name: Tylenol) in 325 mg tablets, 2 tablets ever 4 hours, and ibuprofen (brand names: Advil, Motrin, Nuprin) in 200 mg tablets, 4 tablets 3 times a day. Take the ibuprofen with food to limit stomach upset. If narcotic pain relievers such as codeine are prescribed, remember that narcotic pain relievers may cause constipation, and hard stools can cause tearing in the anus after the procedure. 
2. You may have some bloody drainage or mild bleeding with passage of stools for the next few weeks. You can place new gauze over the wound, if you desire, whenever the gauze becomes soiled. Even with soft stools, some tearing of the stitches at the surgical site may occur during the first few weeks after the procedure. If you have heavy bleeding, call the office.
3. Infection is uncommon after this procedure. Call your doctor if the site develops redness, foul-smelling drainage or swelling, or if you have increasing discomfort in the area.
4. Twenty-minute sitz baths (soaking in a tub of warm water) can be taken during the first few weeks after the procedure to aid in healing and to provide comfort at the site. After 1 week, some people prefer to use medicines such as Anusol or Preparation H to soothe the tissues.
5. It is very important that your bowel movements remain soft after surgery. Drink at least 6 full glasses of water daily. Take over-the-counter stool softeners such as Colace or Surfak (2 capsules 2 times a day) for at least the first 2 weeks after the procedure.
6. Take a stool-bulking agent such as Metamucil or Citrucel every day. These products can initially produce gas and bloating but can be easier to tolerate if stool softeners are used simultaneously at the start (1 tablespoon daily in a large glass of orange juice, then slowly increase the amount according to package directions.)
7. Straining at stool should be avoided after hemorrhoid treatments. Do not sit for long periods on the toilet. Remove all reading materials from the bathroom. Do not place anything in the rectum, such as an enema, for 3 weeks after the procedure.
8. Call if you have any questions or concerns.

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