

Colorectal Surgery Unit: Information for patients

Outpatient treatment of haemorrhoids (piles)

What are haemorrhoids?

Haemorrhoids, also known as piles, are rather like varicose veins inside the rectum (back passage). They are usually the result of straining to pass stools, which means that blood vessels become swollen with blood. This causes a small cushion to bulge through the lining of the anal canal. Straining is often due to lack of roughage in the diet. Haemorrhoids are not uncommon during and after pregnancy.

There are two types of haemorrhoids:

- internal haemorrhoids that develop inside the anus
- external haemorrhoids that protrude outside the anus (opening to the back passage).

Haemorrhoid sufferers usually complain of one or more of the following:

- rectal bleeding
- itching around the anus
- signs of blood (bright red) on toilet paper after a bowel motion
- soreness and discomfort during and immediately after a bowel motion
- a visible swelling around the anus or the swelling may not be visible
- a feeling that your bowels have not been completely emptied.

Treatment Options:

What is conservative management of haemorrhoids?

If you are on warfarin, if your pile is inflamed or too small for surgery, you will be advised to:

- use Anusol HC Suppository or Anusol ointment for 7 to 10 days
- improve fluid (particularly water) to 2 litres a day (and more after doing exercise)
- increase the amount of fibre in your diet (please see separate information)
- monitor the area as no further action may be necessary.

What is rubber-band ligation (Haemorrhoidal banding)?

This procedure is carried out in the outpatient department for moderately severity haemorrhoids. A tiny rubber band is place over the base of the pile which cuts off the blood supply to the pile. Traces of blood may be seen on wiping. Usually the band separates between 5 to 10 days later, which means that the pile has fallen off. A noticeable small amount of blood in the toilet pan or on the stool is normal. This should subside.

Dos and don'ts after rubber-band ligation

Do take your usual pain-killers (such as paracetamol) if you experience any discomfort or pain. If the pain is more severe take 1 voltarol tablet three times a day for 48 hours.

Do increase the amount of fluid (2 litres a day) you drink unless you suffer from swollen ankles or breathlessness due to heart or kidney problem.

Do make sure there is enough roughage in your diet (high fibre) to produce soft, bulky stools.

Do restrict the amount of alcohol you drink for about 2 weeks.

Don't strain to open your bowels, even if you feel there is something you want to pass. The position of the rubber band can gives you the feeling of wanting to pass a stool.

Don't take medication containing Salicylic Acid (Aspirin) as it can increase the risk of bleeding.

Don't use/ Avoid strong laxatives, enemas and suppositories but **stool softener such as movicol / lactulose is allowed to prevent constipation.**

Don't do any strenuous physical activity such as weight lifting, jogging or riding a bike for 1 to 2 weeks.

Are there any risks or side effects?

This is a safe procedure, but as with all procedures there are some risks. If you have any of the following, contact your General Practitioner (GP) or the Accident and Emergency department (A&E):

- a large amount of **bleeding** (a small amount is usual in the toilet bowl or on wiping)
- fever (feeling hot / cold and sweating)
- difficulty passing urine
- swelling of the anus.

Any questions?

If you have any questions or worries please contact

_____ (Name will be provided by clinic staff)

In an emergency, please contact the **Accident and Emergency** department via the St George's Hospital switchboard on **020 8672 1255**.



Further information

You might also find it useful to contact NHS direct:

Telephone: 0845 4647 (24 hour nurse advice and health information line)

Website: www.nhsdirect.nhs.uk

