

Haemorrhoids (Piles)

Haemorrhoids (piles) are swellings that develop from the lining of the anus and lower rectum (back passage). Symptoms range from temporary and mild, to persistent and uncomfortable. In many cases, haemorrhoids are small and symptoms settle down without treatment. If required, treatment is usually effective. There are various treatment options, detailed below.

If you have any further questions or concerns, please speak to the staff member in charge of your care.

What are haemorrhoids and what causes them?

Haemorrhoids are swellings that can occur in the anus and lower rectum (back passage).

There is a network of small veins (blood vessels) within the inside lining of the anus and lower rectum. These veins sometimes become wider and engorged with more blood than usual. These engorged veins and the overlying tissue may then form into one or more small swellings called haemorrhoids.

The exact reason why these changes occur and lead to haemorrhoids forming is not clear. Some haemorrhoids seem to develop for no apparent reason. However, it is thought that the pressure in and around the anus can be a major factor in many cases. If the pressure in and around the anus is increased, then it is thought that this can lead to haemorrhoids developing.

About half the people in the UK develop one or more haemorrhoids at some stage.

Certain situations increase the chance of haemorrhoids developing:

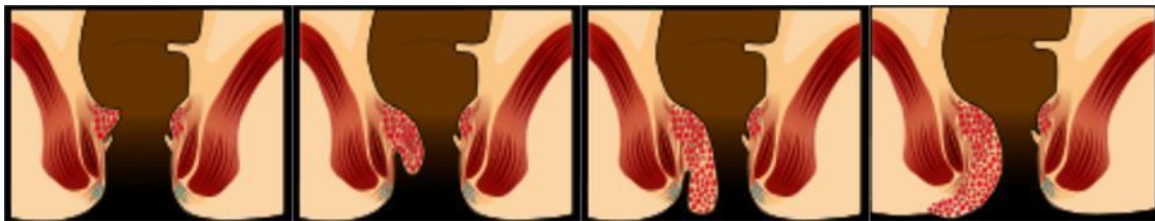
- Constipation, passing large stools (faeces) and straining at the toilet. These increase the pressure in and around the veins in the anus and seem to be a common reason for haemorrhoids to develop.
- Pregnancy. Haemorrhoids are common during pregnancy. This is probably due to pressure effects of the baby lying above the rectum and anus and the affect that the change in hormones during pregnancy can have on the veins.
- Ageing. The tissues in the lining of the anus may become less supportive as we get older.
- Hereditary factors. Some people may inherit a weakness of the wall of the veins in the anal region.

What are the symptoms of haemorrhoids?

Haemorrhoids

These form in the back passage about 2 to 4cm above the rim (opening) of the anus. Their severity and size are classified into grades 1 to 4:

- Grade 1 haemorrhoids are small swellings on the inside lining of the back passage. They cannot be seen or felt from outside the anus. Grade 1 haemorrhoids are common. In some people they enlarge further to grade 2 or more.
- Grade 2 are larger. They may be partly pushed out (prolapse) from the anus when you go to the toilet but quickly spring back inside again.
- Grade 3 hang out (prolapse) from the anus. You may feel one or more as small, soft lumps that hang from the anus. However, you can push them back inside the anus with a finger.
- Grade 4 permanently hang down from within the anus and you cannot push them back inside. They sometimes become quite large.



Grade 1 Grade 2 Grade 3 Grade 4

Symptoms can vary. Small haemorrhoids are usually painless. The most common symptom is bleeding after going to the toilet. Larger haemorrhoids may cause a mucous discharge, some pain, irritation, and itch. The discharge may irritate the skin around the anus. You may have a sense of fullness in the anus or a feeling of not fully emptying your rectum when you go to the toilet.

A possible complication of haemorrhoids that hang down (grade 3-4) is a blood clot (thrombosis) which can form within the haemorrhoid. This is uncommon but causes intense pain if it occurs.

Perianal haematoma

This is less common than haemorrhoids. A perianal haematoma is a small lump that develops on the outside edge of the anus. Many do not cause symptoms. The pain due to a perianal haematoma usually peaks after 48-72 hours and then gradually goes away over 7-10 days. A perianal haematoma may bleed a little for a few days and then gradually shrinks to become a small skin-tag.

What is the treatment for haemorrhoids?

Avoid constipation and straining at the toilet.

Keep the faeces (sometimes called stools or motions) soft and don't strain on the toilet.

You can do this by the following:

- Eating plenty of fibre such as fruit, vegetables, cereals, wholemeal bread, etc.
- Having lots to drink. Adults should aim to drink at least two litres (10-12 cups) per day. You will pass much of the fluid as urine, but some is passed out in the bowel and softens faeces. Most sorts of drink will do but alcoholic drinks can be dehydrating and may not be so good.
- Taking fibre supplements. If a high fibre diet is not helping, you can take fibre supplements (bulking agents) such as ispaghula, methylcellulose, bran or sterculia. You can buy these at pharmacies or get them on prescription. Methylcellulose also helps to soften faeces directly which makes them easier to pass.
- Avoiding painkillers that contain codeine such as co-codamol, as they are a common cause of constipation.
- Toileting. Go to the toilet as soon as possible after feeling the need. Some people suppress this feeling and plan to go to the toilet later. This may result in bigger and harder faeces forming which are then more difficult to pass. Do not strain on the toilet. Haemorrhoids may cause a feeling of fullness in the rectum, and it is tempting to strain at the end to try to empty the rectum further. Resist this. Do not spend too long on the toilet, which may encourage you to strain. (For example, do not read whilst on the toilet.)

The above measures will often ease symptoms such as bleeding and discomfort. They may be all that you need to treat small and non-prolapsing haemorrhoids (grade 1). Small grade 1 haemorrhoids often settle down over time.

Ointments, creams, and suppositories

Various preparations and brands are commonly used. They do not cure haemorrhoids.

However, they may ease symptoms such as discomfort and itch.

- A bland soothing cream, ointment or suppository may ease discomfort. Several brands are available without a prescription. Ask a pharmacist for advice. Follow the instructions for use on the packet.
- One that contains an anaesthetic may ease pain better. You should only use one of these for short periods at a time (five to seven days). If you use it for longer, the anaesthetic may irritate or sensitise the skin around the anus. A pharmacist can advise you.
- One that contains a steroid may be advised by a doctor if there is a lot of inflammation around the haemorrhoids. Steroids reduce inflammation and may help to reduce any swelling around a haemorrhoid. This may help to ease itch and pain. You should not normally use a steroid cream or ointment for longer than one week at a time.

- Very painful prolapsed haemorrhoids are uncommon. The pain may be eased by an ice pack pressed on for 15-30 minutes. Strong painkillers may be needed.

Haemorrhoids of pregnancy usually settle after the birth of the child. Treatment is like the above.

Banding treatment

Banding is a common treatment for grade 2 and 3 haemorrhoids. It may also be done to treat grade 1 haemorrhoids which have not settled with the measures described above (such as an increase in fibre, etc.).

This procedure is usually performed by a surgeon in an outpatient clinic.

A haemorrhoid is grasped by the surgeon with forceps, or a suction device and a rubber band is then placed at the base of the haemorrhoid. This cuts off the blood supply to the haemorrhoid which then dies and drops off after a few days. The tissue at the base of the haemorrhoid heals with some scar tissue.

Banding of internal haemorrhoids is usually painless as the base of the haemorrhoid originates above the anal opening - in the very last part of the rectum where the rectum lining is not sensitive to pain. Up to three haemorrhoids may be treated at one time using this method.

In about 8 in 10 cases, the haemorrhoids are cured by this technique. In about 2 in 10 cases, the haemorrhoids reoccur at some stage. (However, you can have a further banding treatment if this occurs.) Banding does not work in a small number of cases. Haemorrhoids are less likely to recur after banding if you do not become constipated and do not strain on the toilet (as described above).

A small number of people have complications following banding, such as bleeding, urinary problems, or infection or ulcers forming at the site of a treated haemorrhoid.

Other treatment options

Banding (described above) is perhaps the most common procedure done to treat haemorrhoids. However, a variety of other surgical procedures are sometimes used. Some surgeons prefer one procedure over another. Your surgeon will advise the pros and cons of the different procedures. For example, although each procedure is usually successful, as with any surgical procedure, there is some risk that complications or problems may occur during or following the procedure.

The more commonly performed procedures include the following:

Injection sclerotherapy

Phenol in oil is injected into the tissues at the base of the haemorrhoids. This causes a fibrotic (scarring) reaction which obliterates the blood vessels going to the haemorrhoids. The haemorrhoids then die and drop off, like after banding.

However, this procedure is less widely used than banding because the success rate is not as good.

Haemorrhoidectomy (the traditional operation)

An operation to cut away the haemorrhoid(s) is an option to treat grade 4 haemorrhoids and for grade 2 and 3 haemorrhoids not successfully treated by banding or other methods. The operation is performed under general anaesthetic and is usually successful. However, it can be quite painful in the days and weeks following the operation.

Haemorrhoidal artery ligation

Also known as transanal haemorrhoidal dearterialisation (THD), in this procedure the small arteries that supply blood to the haemorrhoids are tied (ligated). This causes the haemorrhoid(s) to shrink. This procedure is not usually painful and is gaining in popularity as a treatment option.

Useful sources of information

NHS Conditions

<https://www.nhs.uk/conditions/piles-haemorrhoids/>

<https://www.bowelresearchuk.org/about-bowels/other-bowel-disorders/haemorrhoids-piles/>

Contact us:

If you have any questions or concerns such as severe abdominal pain for the first 24 hours or if bleeding persists and returns up to two weeks following the procedure. Please do not hesitate to contact the Bowel Screening Team at 020 8725 4920 during working hours (08:00-17:00). Out of hours, please contact your GP or the Accident & Emergency Department through switchboard on 020 8725 1255.

For more information leaflets on conditions, procedures, treatments, and services offered at our hospitals, please visit

www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday, and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday, and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

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