

## Self-care tips can help manage hemorrhoids

Written by meg sibal, m.d.

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MORE than half of all Americans will develop hemorrhoids at some points in their lives, typically between the ages of 45 and 65, says the August 2016 issue of the University of California, Berkeley, Wellness Letter.

Hemorrhoids occur when the tissues supporting the “anal cushions” — structures in the anal canal that play a role in controlling defecation — break down and blood vessels within them enlarge.

There are two kinds:

a) Internal hemorrhoids, which are more common, are found inside the anal canal; and

b) External hemorrhoids form on the edge or just outside the edge of the anal canal — both types may be present.

A 2013 review in *Clinical Gastroenterology and Hepatology* showed that hemorrhoids — also referred to as piles (from the Latin word *pila*, which means ball) — were noted in an ancient Egyptian papyrus, which recommended that an ointment of acacia leaves be placed in the anus as a treatment.

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Also, references to hemorrhoids were found in the Old Testament — the afflicted even have a patron saint, St. Fiacre, who is said to have healed hemorrhoids in the 7th century.

The signs and symptoms of hemorrhoids include:

- Bleeding — This is the most frequent sign, with bright red blood visible on toilet paper, on stool, or in the toilet water after a bowel movement.
- Perianal itching and irritation — Internal hemorrhoids can cause such symptoms when they “prolapse” and protrude to the outside — and sometimes fecal soiling occurs, since hemorrhoids can impede the sealing of the anal canal.
- Pain — Although internal hemorrhoids are rarely painful, external hemorrhoids, while often asymptomatic, can be particularly painful when they “thrombose” (that is, form a blood clot) — usually the pain diminishes after 24 to 36 hours, with the clot resolving on its own or through surgical evacuation. Skin tags in the perianal area may be left behind.

While the debate continues about what causes hemorrhoids, multiple factors are likely involved, including:

- Irregular bowel habits — chronic constipation or diarrhea
- Chronic or prolonged straining while defecating
- Low-fiber diets

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- Lack of exercise
- Pregnancy
- Childbirth
- Obesity
- Erect posture and prolonged sitting
- Genetic component
- Aging increases the risk because there is weakening of supporting structures in the anal canal

While hemorrhoids are more of a nuisance than a serious risk, if you have bleeding, you should consult your doctor, since it could be a sign of something else, such as an anal fissure or a more serious problem, such as colorectal cancer, says the health letter.

These self-care steps can help manage hemorrhoids:

- Avoid constipation — by:
  - a) Eating a high-fiber diet — aim for more than 25 grams of fiber a day, from vegetables, fruits, whole grains and beans — and drink more fluids both of which will increase fecal bulk and help prevent the need to strain;

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b) Exercising regularly helps promote bowel movements; and

c) If you're chronically constipated, a fiber supplement such as psyllium or methylcellulose (also sold as bulk laxative) may be of benefit, as may a stool softener. Don't use harsh laxatives that cause diarrhea;

d) Ask your doctor or pharmacist if any medications you take could cause constipation.

• Develop good toilet habits —

a) Don't strain or hold your breath when defecating;

b) Go when you feel the urge, when the internal action of peristalsis can be helpful — that is, don't put it off for a more "convenient" time; and

c) Do your business and get up — the toilet is not a place to read or meditate, says the health letter.

• Be careful what you wipe with —

a) Dry toilet paper can be irritating, so try pre-moistened wipes (don't flush the wipes even if the package says they are flushable or disposable since they can muck up sewage treatment plants);

b) Also, special cleaning lotions (such as Balneol or generic equivalent), some in convenient lotion packets, are available — be sure to pat the area dry after.

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- Soaking in hot water may help relieve irritation and itching. You can also try cold compresses or ice packs several times a day, particularly if there is swelling.
- Try to identify if any dietary factors cause flare-ups — While everyone is different, some common triggers include alcohol and spicy foods.
- For temporary relief of pain, irritation and itching, you can try:
  - a) Over-the-counter creams, ointments, and suppositories marketed for hemorrhoids — stronger formulations are available by prescription (they contain anesthetics, antiseptics, astringents and anti-inflammatories, and/or hydrocortisone);
  - b) witch hazel may be soothing (see [tinyurl.com/witch-hazelWL](http://tinyurl.com/witch-hazelWL)), as may simple petroleum jelly or zinc oxide, but it's questionable how effective these remedies are and prolonged use can be problematic — for instance topical steroids can thin the peri-anal skin, cautions the health letter.
- Evidence is generally lacking to support the use of dietary supplements promoted for hemorrhoids — a possible exception is horse chestnut (*Aesculus hippocastanum*) which, when taken orally or applied topically, may reduce inflammation and the permeability and swelling of blood vessels (see [tinyurl.com/horsechestnutWL](http://tinyurl.com/horsechestnutWL)).

Although more studies are needed to confirm benefits, extracts appear to be safe for most individuals (avoid if you have kidney, liver or gastrointestinal problems, and check with your doctor if you take anti-clotting medication).

If you have persistent or prolapsed hemorrhoids that are causing symptoms, your doctor can do an examination to determine the best treatment approach.

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However, medical interventions should be done with careful consideration in individuals who are immunocompromised, because of increased risk of infection and poor healing.

Several nonsurgical, office-based procedures used for hemorrhoids — all have potential side effects and risks, though serious complications are rare — include:

- Rubber band ligation — The most common and effective procedure, it involves placing an elastic ring or band around the base of the hemorrhoid to cut off its blood supply. More than one treatment may be necessary, and it's contraindicated in individuals who are on anticoagulants or have a clotting disorder.
- Sclerotherapy — This involves injecting substances to shrink the hemorrhoid.
- Infrared coagulation — It is the use of heat to create scar tissue, which holds the veins in place.
- Radiofrequency ablation — It coagulates and evaporates hemorrhoidal tissues.

Cryotherapy, which freezes the hemorrhoid, is no longer an accepted treatment.

When more conservative treatments have failed, or if hemorrhoids are very large, surgery may be considered, only as a last resort.

While hemorrhoidectomy is the most effective surgical treatment, it is also the most painful and carries the most risks, including bleeding, infection and fecal soilage.

Newer surgical techniques, including Doppler-guided hemorrhoid artery ligation and stapled hemorrhoidectomy, are less invasive and may result in less pain and faster recovery, concludes

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