

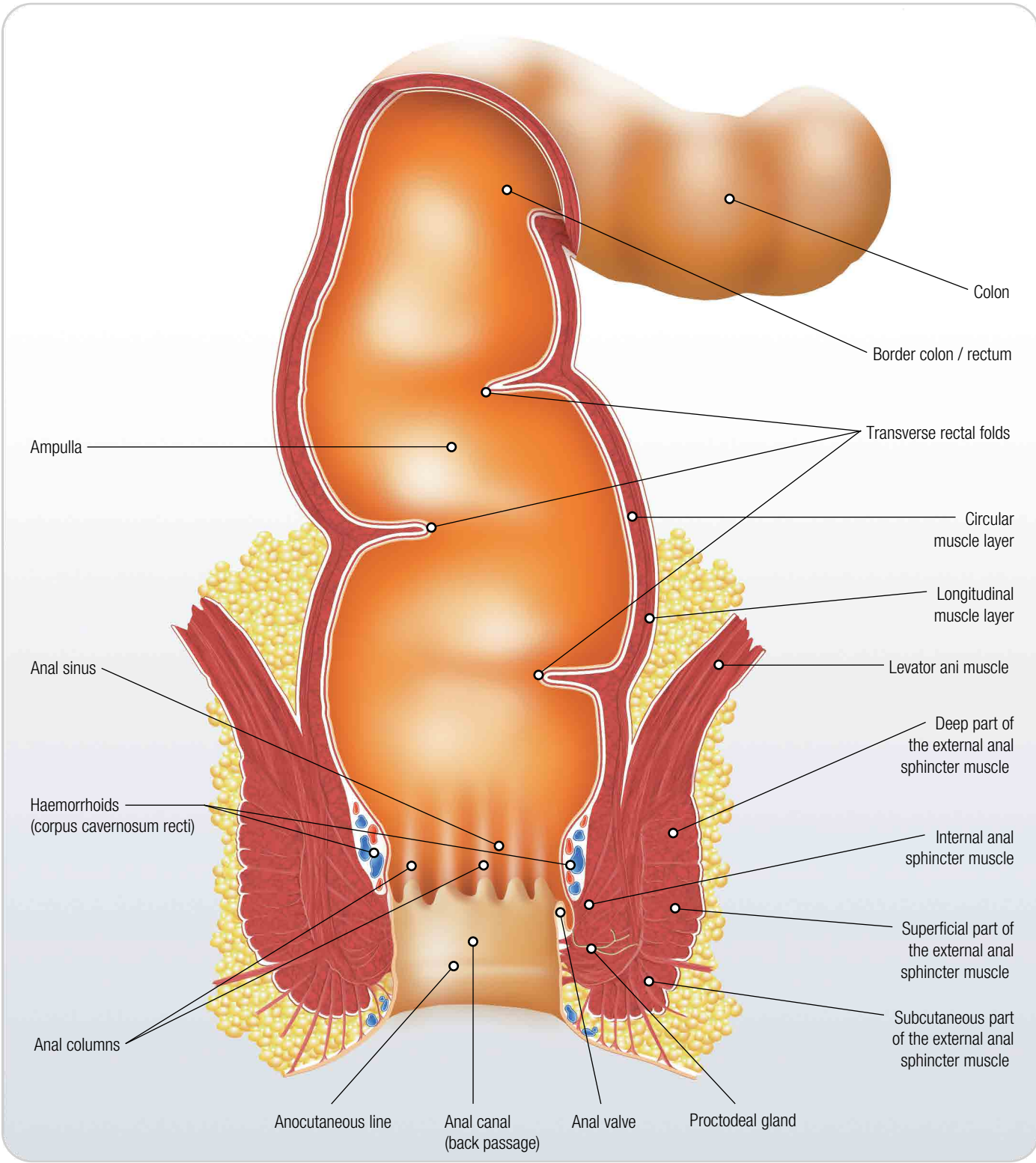


HAEMORRHOIDS – A COMMON DISEASE

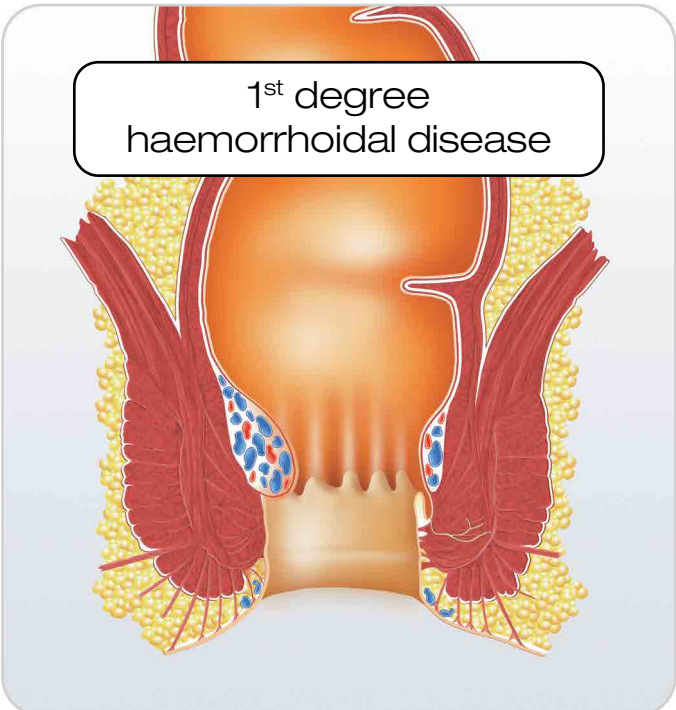
WHAT ARE HAEMORRHOIDS?

Where the rectum joins the anal canal (back passage), there are cushions of blood vessels that form a ring under the lining (mucosa) of the bowel. Everybody has these cushions and they have an important task – they are responsible for keeping the end of the bowel properly closed. We talk about haemorrhoids as a disease (haemorrhoidal disease, piles) if these blood vessel cushions become enlarged and thus cause symptoms.

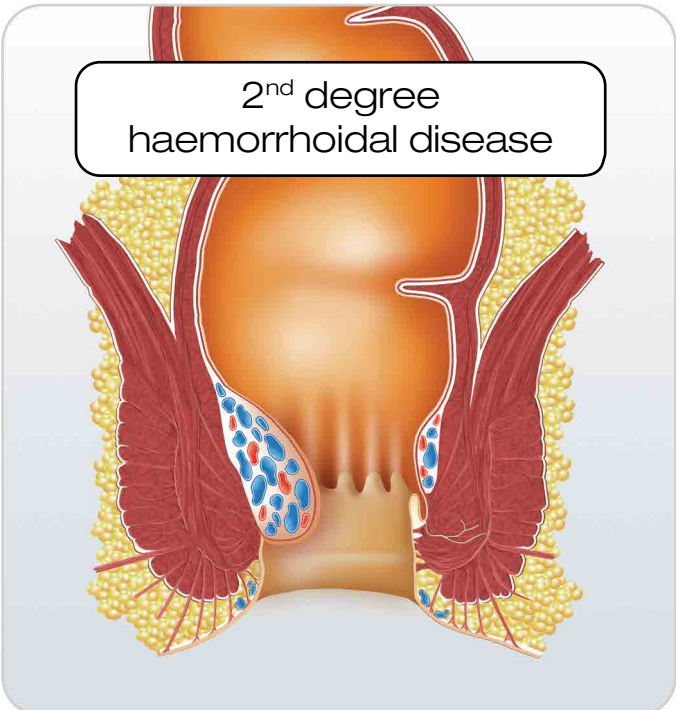
ANATOMY OF THE RECTUM



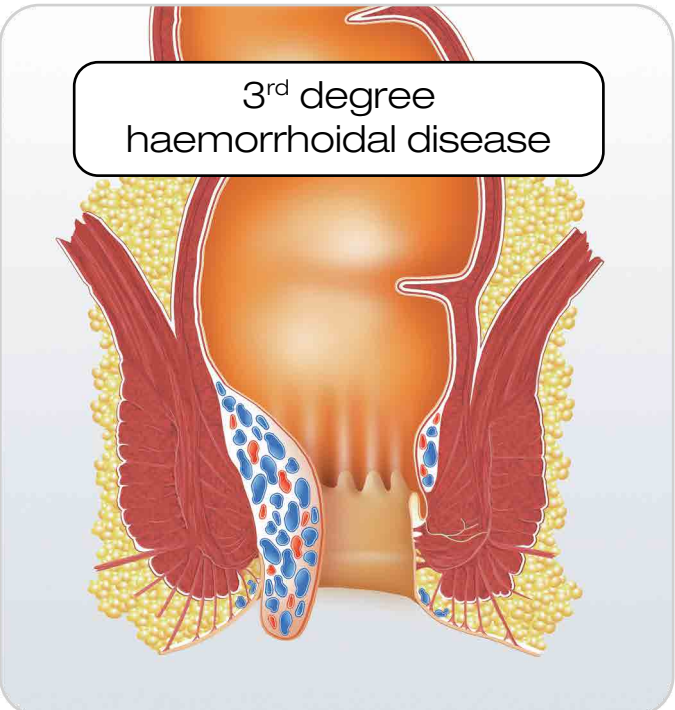
FOUR DEGREES OF THE CONDITION CAN BE DISTINGUISHED, DEPENDING ON SEVERITY:



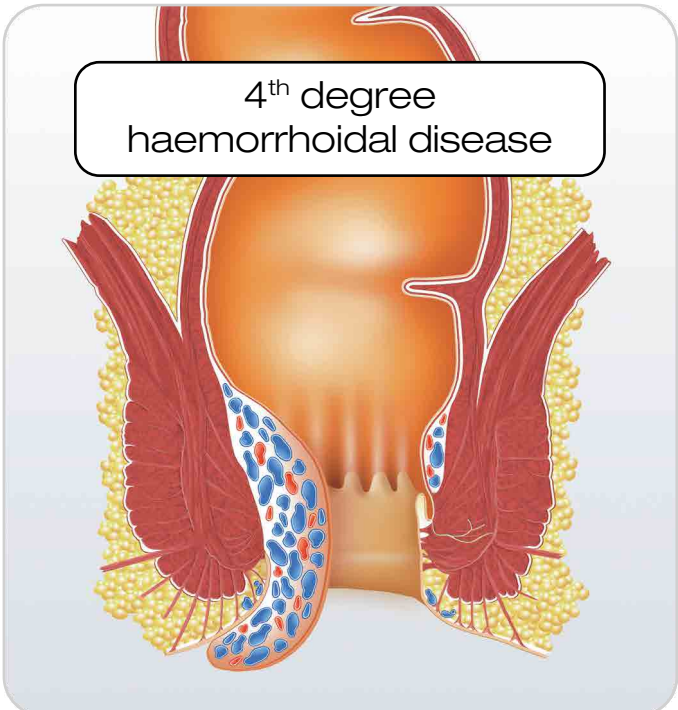
The haemorrhoids are slightly enlarged and bulge into the bowel, but they are not visible outside. They can only be diagnosed by using an instrument (proctoscope).



If the haemorrhoids become larger, they get pushed down out of the anus (= prolapse) when passing stool. The prolapsed haemorrhoids go back inside the anus by themselves afterwards.



At this stage, the haemorrhoids no longer go back inside after passing stool: they have to be pushed back by a finger. Also, heavy physical effort and a long walk may make them prolapse.

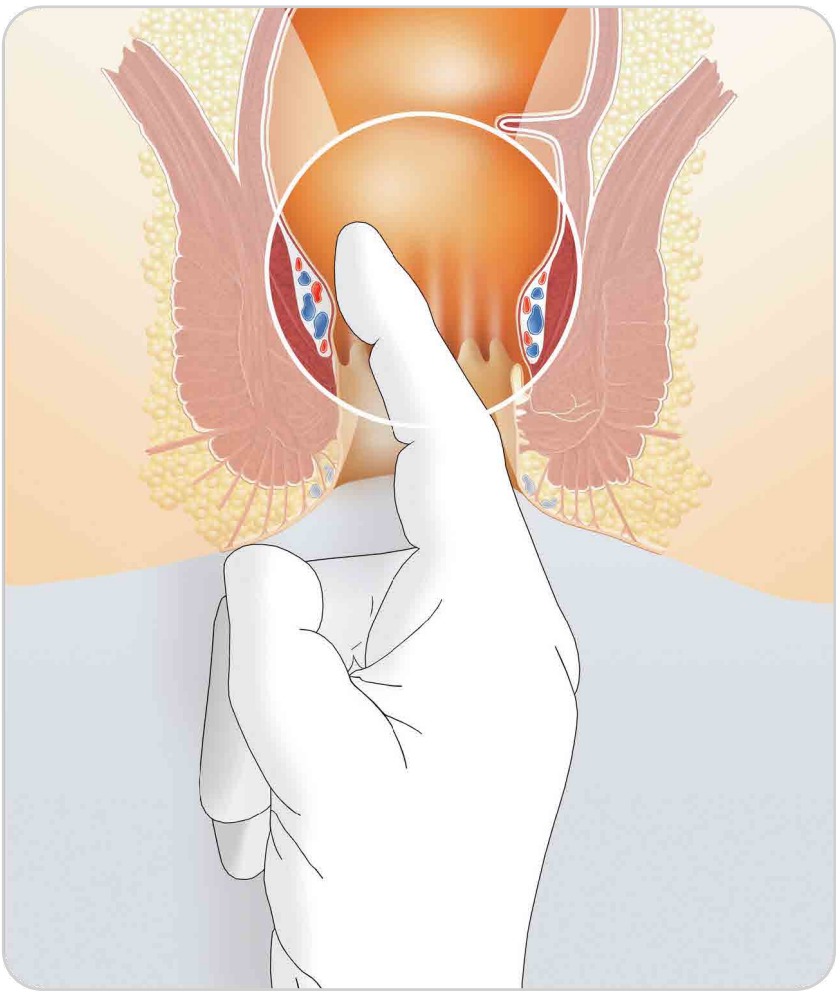


It is no longer possible to push the haemorrhoids back with a finger. The haemorrhoids remain outside the anus. Specialists call this fixed anal prolapse.

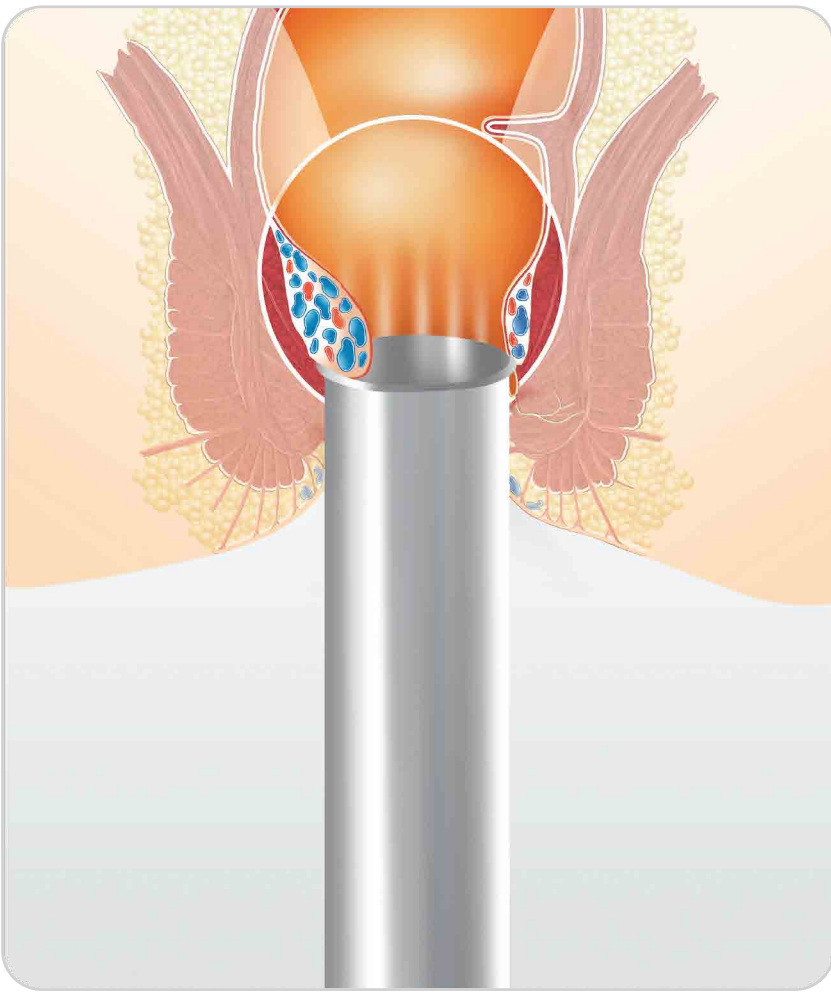
WHAT ARE THE SYMPTOMS OF HAEMORRHOIDAL DISEASE?

- Bright red bleeding (drops of blood in the toilet bowl, coating of blood on the stools or on the toilet paper)
- Itching, burning, stabbing pains, wetness
- Inflamed skin around the anus (eczema)
- Foreign body sensation, feeling of incomplete emptying of the bowels
- Protrusion of the haemorrhoids from the anus (prolapse)
- Uncontrolled leakage of stool (faecal incontinence) in severe cases

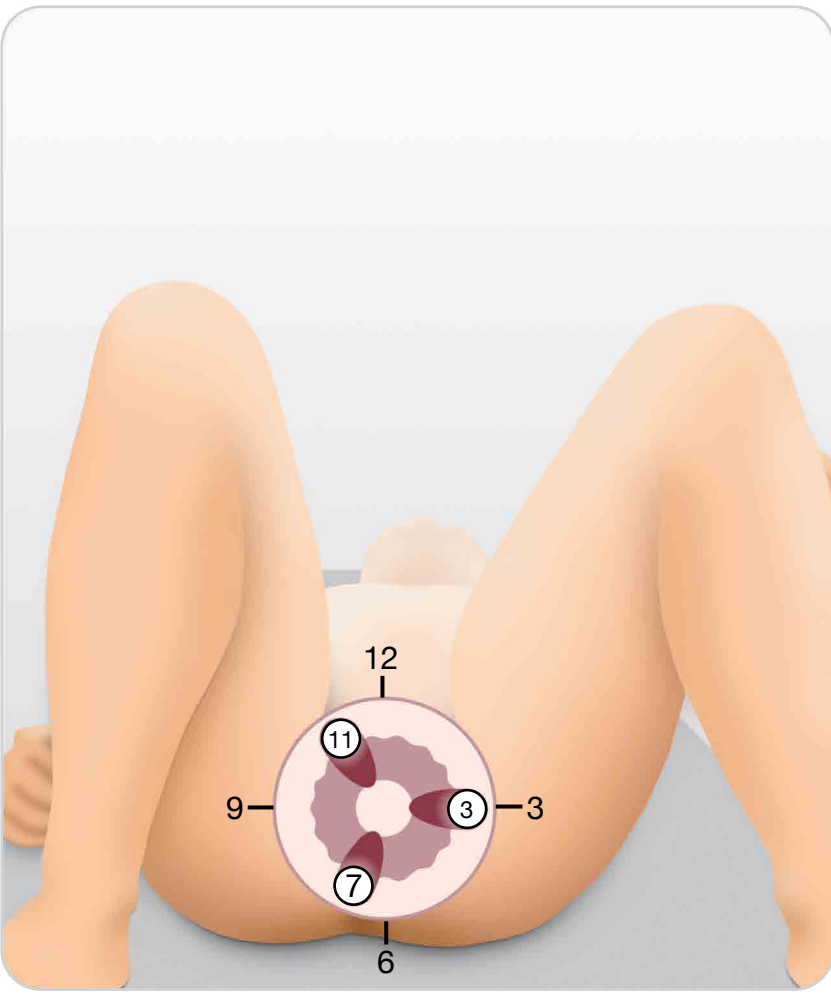
HOW DOES THE DOCTOR DIAGNOSE HAEMORRHOIDAL DISEASE?



RECTAL EXAMINATION (PALPATION) WITH THE FINGER:
The doctor will insert a finger to palpate the rectum. In that way the doctor can feel any knobby changes or any narrowing and can check the tone of the muscles that close the anus. It is not usually possible to actually feel haemorrhoids, so it might then be necessary to look inside the back passage with an instrument.



PROCTOSCOPY / RECTOSCOPY:
The examination of the anal canal and rectum is performed with special instruments (proctoscope or rectoscopy). These are narrow, stiff tubes of different lengths that are carefully inserted into the anal canal or rectum.
The doctor can then examine the inside of the last part of the intestine for any abnormalities and check whether you have haemorrhoids.

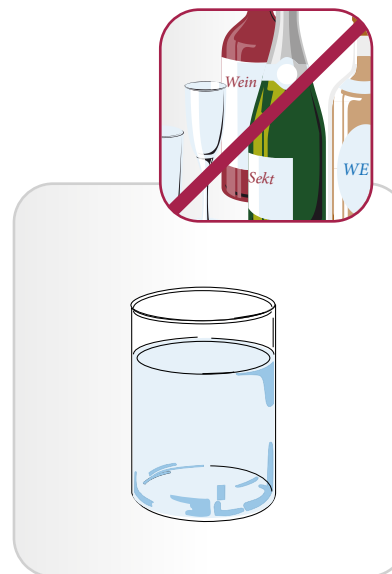


SITE:
Haemorrhoids are typically found at the 3 o'clock, 7 o'clock and 11 o'clock positions when the patient is in the lithotomy position on the examination table.

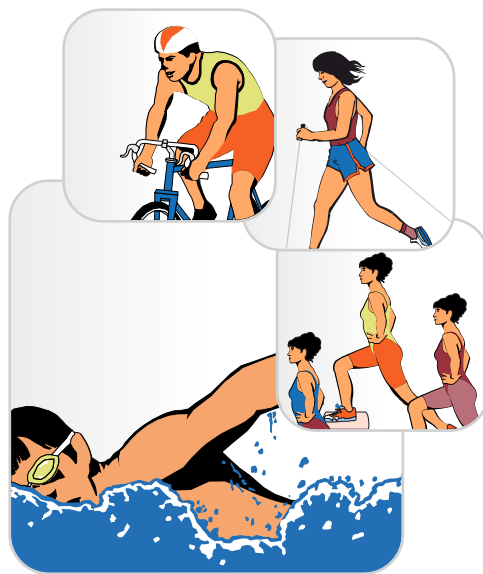
WHAT CAN YOU DO AGAINST HAEMORRHOIDAL DISEASE?



Eat a balanced diet with plenty of roughage, avoid strongly spiced food



Drink enough fluids (at least 2 litres a day); alcohol and coffee in moderation



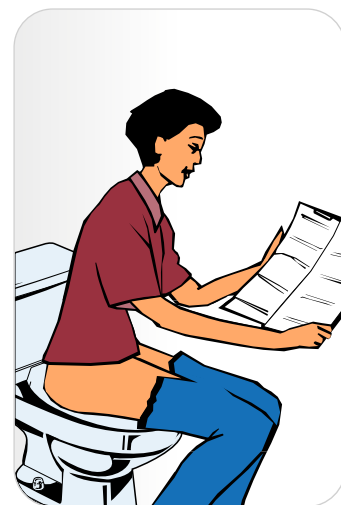
Regular physical exercise; pelvic floor exercises



In the early stages of disease: use of suppositories, creams, anal tampons and warm sitz baths (symptomatic treatment)

RISK FACTORS

Haemorrhoids are caused or exacerbated by congenital weakness of connective tissue and various risk factors such as:



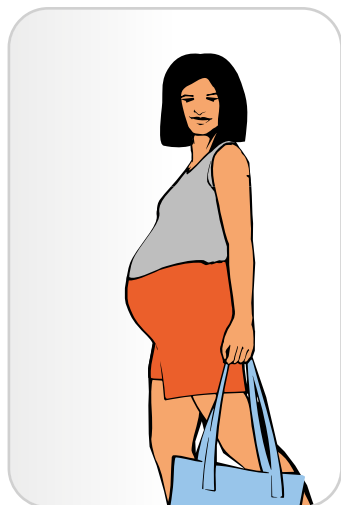
The wrong toilet habits (e.g. reading on the toilet)



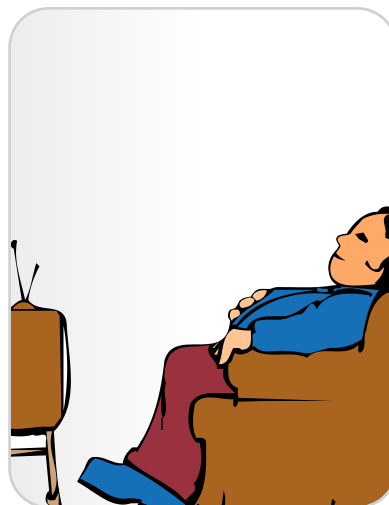
Strong pushing when passing stool, constipation



Lifting heavy loads



Pregnancy



Lack of physical exercise



Overweight

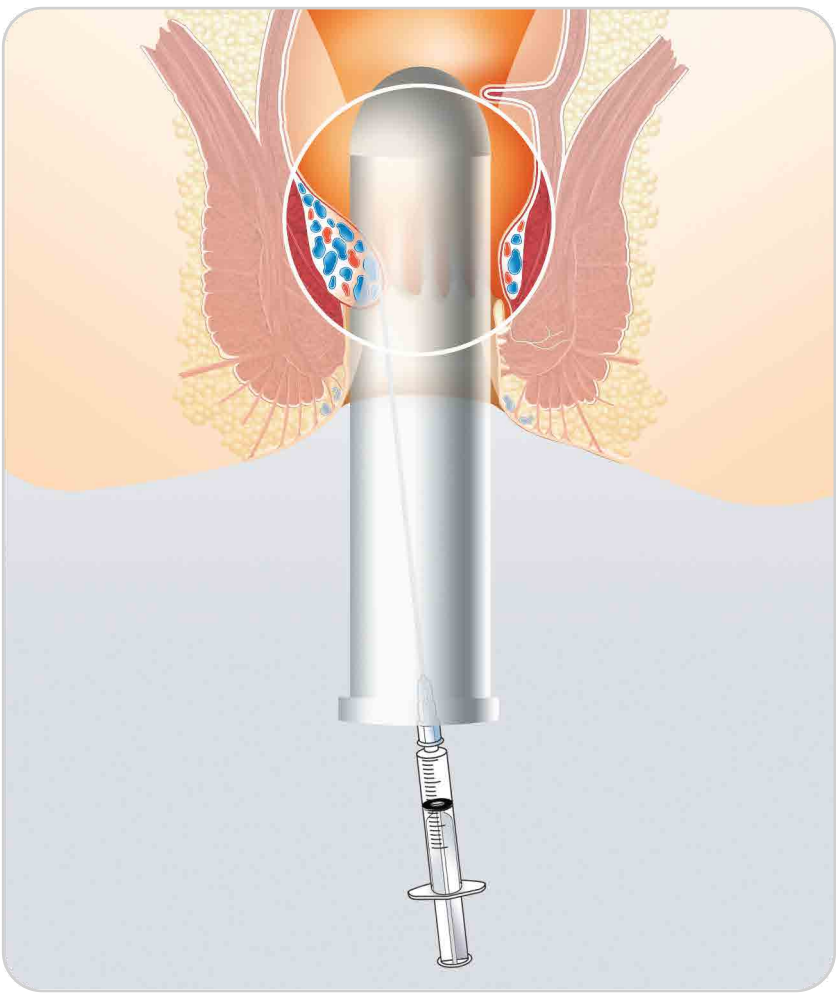
- Congenital weakness of connective tissue
- Risk factors



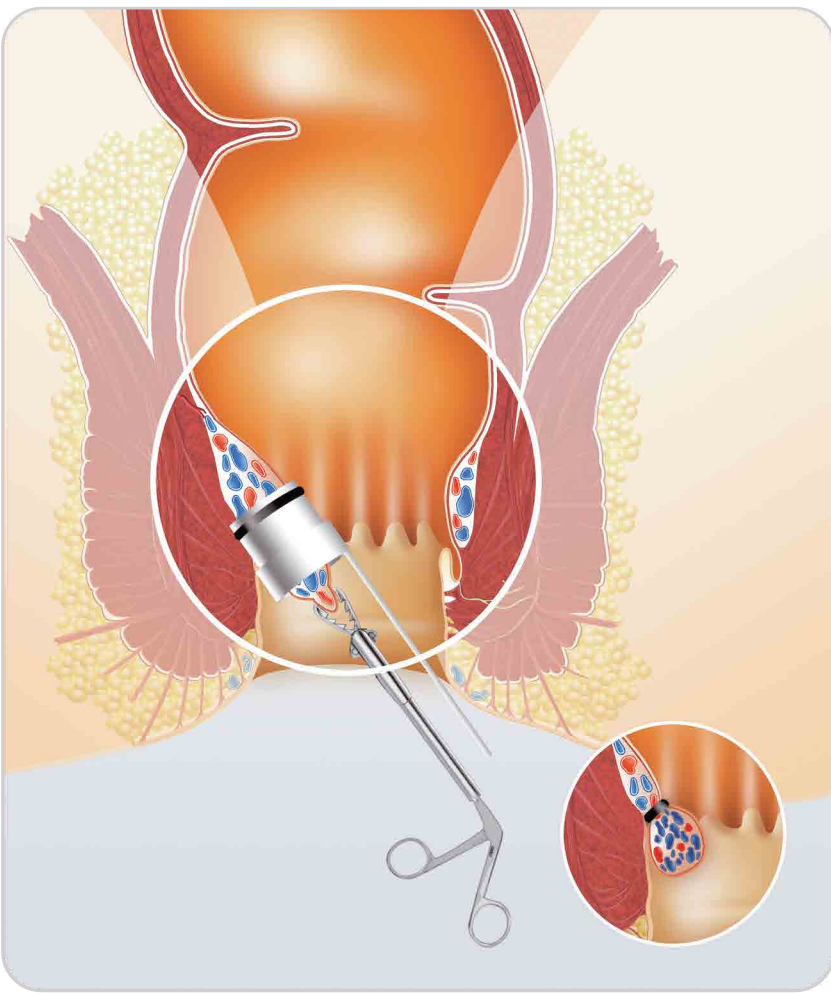
Reduced function and relaxation of connective tissue in the haemorrhoid, dilation and engorgement of the haemorrhoidal blood vessels

TREATMENT OF HAEMORRHOIDAL DISEASE

Commonly used methods of treatment for 1st and 2nd (3rd) degree haemorrhoidal disease:



SCLEROTHERAPY (OBLITERATION):
Sclerotherapy is a highly effective method that can be performed on an outpatient basis. Through the opening of a proctoscope the doctor injects a liquid "sclerosing" agent directly into the (submucosal) haemorrhoids or into the region around the supply vessels. This has the desired effect of causing a reaction in the tissues, the haemorrhoids shrink and become fixed to the underlying tissue.
Treatment is easy and painless when performed expertly. That is because the human body has no pain nerves in the area where the injection is given and so you cannot feel anything.



BANDING (RUBBER BAND LIGATION):
Banding involves grasping the haemorrhoids with special forceps or a suction instrument and then binding them round with an elastic band. This shuts off the blood supply to the haemorrhoids and the sealed-off tissue dies. The dead tissue drops off after about four to ten days and is passed out with the stools.



OPERATION:
If you go to the doctor early enough, in most cases you can avoid an operation. In very advanced stages, however, the haemorrhoids have to be removed under anaesthetic by an operation.