

Hemorrhoids

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Hemorrhoids are swollen, inflamed veins located around the anus or lower rectum. Hemorrhoids are either inside the anus (internal) or under the skin around the anus (external).

The most common cause of hemorrhoids is straining to push stool out during a bowel movement. Pregnancy, aging, long-term (chronic) constipation or diarrhea and anal intercourse may also cause hemorrhoids.

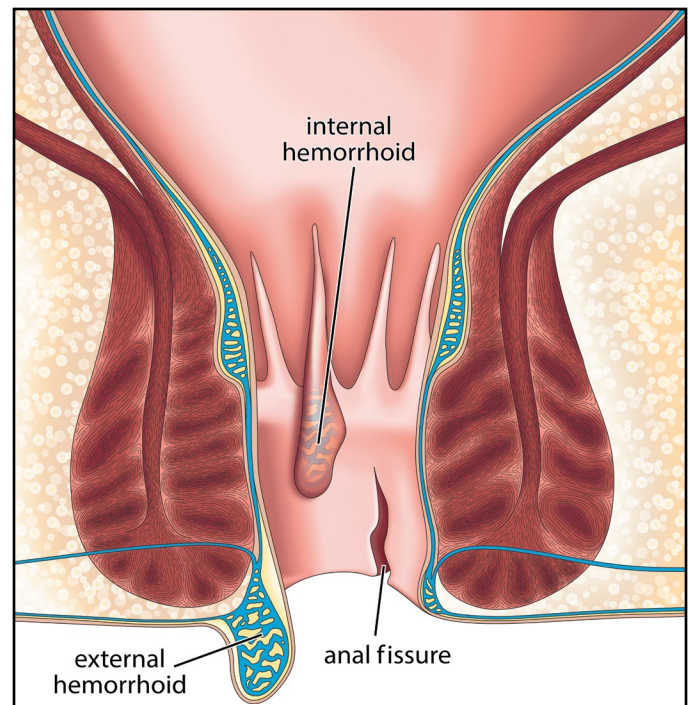
The problem (condition) is common and occurs in both men and women. About half of people have had hemorrhoids by age 50. Hemorrhoids that occur during pregnancy or childbirth are usually temporary.

Signs and Symptoms

- For internal hemorrhoids you will most likely notice bright red blood on the stool, toilet paper or in the toilet bowl. If internal hemorrhoids stick out through your anus to outside your body (called protruding hemorrhoids), you may feel irritation or pain in the area.
- For external hemorrhoids you may have painful swelling or a hard lump around your anus from a blood clot that has formed (called thrombosed external hemorrhoids).

You may also notice:

- bleeding or itching, if you strain very hard during bowel movements or clean your anal area excessively
- draining mucus, which may be itchy.



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There are 2 types of hemorrhoids: inside the anus (internal) and under the skin around the anus (external).

Confirming You Have Hemorrhoids

It is important to see your health care provider if you notice the common symptoms of hemorrhoids. Bleeding can also be a sign of a serious digestive disease, including colorectal cancer. To check for hemorrhoids your health care provider:

- will examine your anus and rectum to look for swollen blood vessels
- will do a digital rectal exam to feel for abnormalities

(over)

- may use a special device for a more thorough exam
- may schedule you for a procedure that uses a lighted, flexible tube to see inside your colon.

Treating Hemorrhoids

There are a number of ways to treat hemorrhoids.

- To relieve symptoms your health care provider may suggest these or other ideas:
 - Sit in plain warm water for 10 minutes several times a day.
 - Use a hemorrhoidal cream or suppository. Ask how long you can use the products.
- To prevent recurrence, your health care provider may suggest ways to produce bulkier, softer stools to avoid straining during bowel movements:
 - eating more fiber (fruits, vegetables, whole grains)
 - drinking 6 to 8 glasses of liquids a day (do not include alcohol)
 - using a bulk stool softener or fiber supplement.
- To shrink or destroy hemorrhoidal tissue, you may need another procedure that is done in a clinic or hospital.

- To remove or reduce the size of internal hemorrhoids, your health care provider may recommend one of these procedures:
 - rubber band ligation: a band placed around the base of the hemorrhoids cuts off circulation and the hemorrhoids wither in a few days
 - sclerotherapy: a chemical solution injected around the swollen blood vessels shrinks the hemorrhoids
 - infrared coagulation: a special device burns hemorrhoidal tissue
 - hemorrhoidectomy: surgical removal of extensive or severe hemorrhoids.

Preventing Hemorrhoids

The best ways to prevent hemorrhoids from developing include:

- adding fiber to your diet to produce softer stools that are easier to pass and prevent constipation
- adding a fiber supplement such as Metamucil®
- emptying your bowels as soon as you feel the urge
- exercising, including walking.

**Information adapted from
the National Institute of Diabetes and
Digestive and Kidney Diseases of the
National Institutes of Health.**