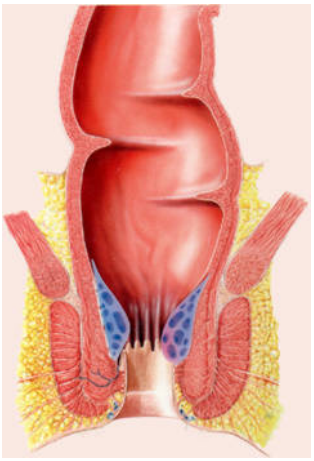
Haemorrhoids

In this brochure, we provide you with information about haemorrhoids and the treatment options for this condition. This text serves as an addition to the information given to you by your specialist.

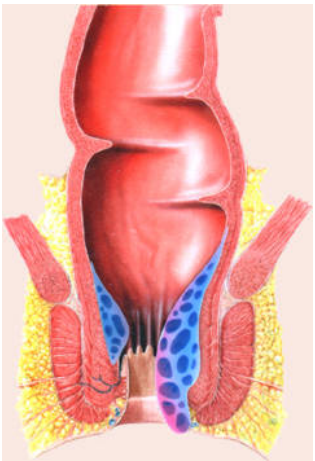
What are haemorrhoids?

Haemorrhoids are sponge-like tissue or vascular cushions covered in a thin layer of mucous membrane. They are located on the inside of the anus (the end of the rectum), near the sphincter. Everyone has haemorrhoids — we actually need them to be able to hold in wind, moisture or stool. Haemorrhoids consist of a spongy network of blood vessels that are highly sensitive to pressure. They can easily swell up and cause the following symptoms:

- Rectal bleeding and/or mucous discharge
- Haemorrhoids prolapsing from the anus
- Feeling an urge to go to the toilet when you have nothing to pass, or feeling like you still have something to pass after having been to the toilet
- Pain (when a clot forms in your haemorrhoids)
- Dirty underwear due to mucous discharge and/or loose stools
- Itchiness and skin irritation (often at night)



Normal haemorrhoids



Prolapsed haemorrhoids

The information in this leaflet is of a general nature and is meant to give you an idea of the care and information that you can expect. Other advice or procedures may apply depending on your situation. This leaflet only serves as an addition to the specific information from your specialist or practitioner.

How do enlarged haemorhoids develop?

Enlarged haemorrhoids can have a number of causes:

- **Stool:** the main cause is stool that is too solid, meaning you have to strain too hard when going to the toilet. This increase in pressure causes your haemorrhoids to swell up. Hard stools are also abrasive on your mucous membranes, causing bleeding.

- **Fibre:** Hard stools are caused by a diet that is lacking in fibre, among other things. Fibre matters because it cannot be digested, but it does hold moisture, which keeps your stool soft.

- **Fluid intake:** Another major cause of hard stools is a lack of fluid intake, as when we fail to drink enough, the contents of our bowels dry out.

- **Exercise:** A lack of exercise can also cause hard stools.

- **Habits:** In some cases, your stool may not be too hard, but you may be straining on the toilet out of habit. This can also be a cause of enlarged haemorrhoids. People may also strain without needing to actually pass stool, to make sure they have been to the toilet before they leave the house. This habit can also lead to problems.

- **Pregnancy and childbirth:** In these cases, the pressure on your haemorrhoids may often rise high, which may cause them to enlarge.

- **Obesity:** Obesity also causes increased pressure in the anus.

- **Genetic disposition:** You may simply be genetically disposed to have enlarged haemorrhoids. If so, the condition is likely to be common in your family.

- **Ageing:** As people age, their haemorrhoids may come loose from the innermost layer of their intestines and start prolapsing out. This may lead to the same problems as enlarged haemorrhoids.

What can you do about this yourself?

Prevention is better than cure when it comes to enlarged haemorrhoids. You can play a major role in this yourself. If your haemorrhoids are already swollen, following the advice below may help:

- **High-fibre foods:** eat at least 200 grams of vegetables, two pieces of fruit, around six slices of wholegrain bread and 200 grams of potatoes/wholegrain pasta or rice/legumes every day.

- **Water/fluids:** drink one and a half to two litres of water/fluid every day. Take care not to drink too much coffee/too many soft drinks.

- **Exercise:** get plenty of exercise. Aim for half an hour of moderately intensive exercise every day.
- **Lose weight:** if you are overweight, try to lose weight.
- **Symptom relief:** take a hot bath to relieve your symptoms.

It is important that you see your GP at an early stage. The longer you wait, the more your haemorrhoids may start to prolapse, and the more invasive your treatment may need to be. On top of that, it is important that the cause of any rectal bleeding is identified.

Appointment

If you have any anal symptoms, you may be referred for a proctology consultation. Proctology consultations focus especially on anal problems and take place at our Eindhoven location (first floor, route 111).

A referral from your GP is required to ensure you can claim the cost back from your health insurer. As a first step, the doctor will ask you about your symptoms, about any other conditions you may have, about any surgery you have had in the past and about the medication you are taking. It's a good idea to bring a list, if possible. You will also be asked about any gastrointestinal conditions elsewhere in your family.

This will be followed by a physical examination. First, the doctor will take a look at your anal region. In doing so, they will look for any skin conditions and prolapsed haemorrhoids. Next, they will use their finger to feel the inside of your anus and anal canal.

Following this conversation and physical examination, it will usually be clear how we can help you. That said, additional examination may be required in some cases.

Enlarged haemorrhoids are the most common cause of rectal bleeding. However, bleeding in this area may also be indicative of bowel polyps, tumours or an inflammatory condition. If you are over the age of 50 and you've noticed blood in your stool, we recommend an additional colon examination in which we'll take a look at the inside of your large intestine.

Treatment and/or surgery for enlarged haemorrhoids

Different methods are available to treat enlarged haemorrhoids. The method that's most suitable in your case depends on the severity of your enlarged haemorrhoids.

Proctoscopy with rubber band ligation

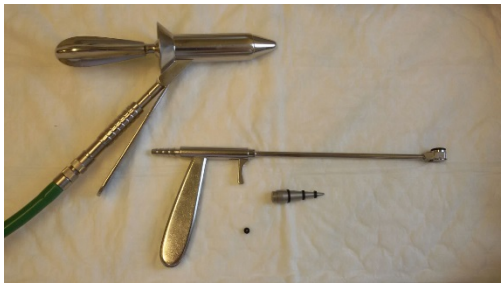
This is the first treatment we will resort to if you have enlarged haemorrhoids. The treatment will take five to ten minutes. No anaesthetic is necessary.

Preparation

- This treatment usually takes place during your initial visit.
- Any blood-thinning medication the thrombosis clinic has prescribed will most likely need to be stopped a few days prior to your treatment. The doctor will assess whether this medication needs to be stopped, how long for, and whether any interim medication is required.
- An enema or laxative to rinse the final section of your large intestine is not required.
- Treatment can take place during menstruation without any problems.

The treatment

- Once you have undressed your lower half, you will need to lie down, either on your left side or in leg supports.
- Once your anus has been examined, treatment using a proctoscope will commence. As part of this, a (lubricated) optical instrument with a lamp will be inserted into your anus. You may feel some pressure during this proctoscopy, but the procedure is practically painless, especially if you relax as much as possible. As such, no anaesthetic is necessary. The practitioner will inspect your anal canal and the final section of your rectum to see if you have any haemorrhoids or other conditions.
- If you do have enlarged haemorrhoids, the practitioner will grasp these using a suction tool. They will then launch a rubber band around the tissue they have grasped (rubber band litigation). This is a painless procedure. The rubber band will partially constrict the blood flow to your haemorrhoids, and it will also reattach your haemorrhoids to the innermost layer of your colon.



Proctoscope

After treatment

- Immediately after this treatment, you may feel an urge to go to the toilet, stomach cramps or a tight feeling near your anus. A warm bath, a hot water bottle against your stomach or a wet flannel (as hot as possible) against your anal region may offer relief. You can also take painkillers (paracetamol) if you are experiencing pain.
- The rubber bands will be ejected from your body while passing stool after around seven to fourteen days, together with the lump of mucous membrane. Some light bleeding may occur as part of this process.
- After your treatment, you can restart your blood-thinning medication, unless the doctor has agreed otherwise with you.
- This haemorrhoid treatment using rubber band ligation may be repeated several times, with a break of six to eight weeks in between.

Surgery
In some cases, your haemorrhoids may be too large to be treated using rubber band ligation. If so, surgery may be considered.

Surgical removal of haemorrhoids Milligan / Ferguson procedure

Large, constantly prolapsed haemorrhoids, sagging intestinal mucous membranes and anal skin tags can be removed surgically. The procedure will take place at the outpatient clinic in Eindhoven: you'll need to come into the hospital in the morning, and you can leave later the same day.

Preparation

- You may need to temporarily stop taking any blood-thinning medication. This decision will always be made in consultation with your doctor.
- In most cases, your doctor will prescribe Movicolon. This is a medicine that will make passing stool a little easier. You should start taking this medicine one week prior to your surgery.
- Depending on the time of your surgery, you'll need to come into the hospital on an empty stomach. The anaesthetist will tell you whether and how to take your medication.

The surgical procedure

- In consultation with the anaesthetist, you will agree whether the procedure is to be performed under a general anaesthetic or under an epidural.
- During the surgical procedure, your prolapsing and/or sagging haemorrhoids, mucosal folds or skin tags will be removed. The operative field is located outside of the sphincter. The surgeon will suture the wounds using dissolvable stitches. No stitches will be applied to any superficial wounds.
- After the procedure, the surgeon will leave a dissolvable tampon to stem any bleeding. The surgical procedure will take around 30 minutes.

Possible complications

- As with all surgery, this procedure involves a risk of thrombosis, wound infection or post-operative bleeding.
- In some cases, you may also struggle to urinate for a while afterwards (urine retention).

Post-operative care

- You do not need to remove the tampon; it will dislodge itself the first time you pass stool.
- For the first few days, you will need to rinse your anal region with water two or three times daily (especially after going to the toilet), in the shower, for example. Do not use any wet wipes!
- Despite the painkillers and laxatives you'll be given, many patients experience pain during the first week following the procedure. A (luke)warm bath may offer some relief. After this first week, things generally improve at a rapid rate.
- Severe swelling or bruising may occur in the area around your anus after the procedure. This swelling may persist for some time, so it may take two or three months to see the

eventual outcome of the procedure. When large or several haemorrhoids have been removed, residual swelling or small skin tags may remain. If you wish, these can be removed under a local anaestethic at the outpatient clinic at a later stage.
- It is fairly common for the wound(s) to open up after a few days. This is normal and does not impede the healing process.
- After the procedure, you may notice a regular discharge of blood or brown fluid out of your anus, or wound discharge with an unpleasant odour coming out of the operative field. This is a normal phenomenon that may persist for some time. To prevent skin irritation, you can protect your skin using Vaseline after rinsing.
- Even though the operative field is located outside of the sphincter, your urge to go to the toilet or continence may change. Usually, you will be back to normal within three months.
- After your treatment, you can restart your blood-thinning and diuretic medication, unless the doctor has agreed otherwise with you.
- You will need to come for a checkup one to two weeks after your surgery.

When you are discharged from the hospital, you will be given additional advice and instructions to follow at home.

Other surgical procedures
Some patients are eligible for other surgical procedures on their anus. These patients have specific problems that require special surgery. If this applies to you, your doctor will provide the necessary information.

More information
If you have any questions or would like to schedule an appointment, feel free to contact the Surgery outpatient clinic on telephone number +31 40 888 85 50 between 08:30 and 17:00 on working days.