



DIAGNOSTIC AND INTERVENTIONAL ENDOSCOPY · ERCP · CAPSULE ENDOSCOPY · ACNES

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Haemorrhoids FAQ

Q: How do you treat haemorrhoids?

A: This is dependent on how large the haemorrhoids are. Let's go through firstly what "haemorrhoids" actually are.

"Haemorrhoids" is actually a scientific and anatomical term for the columns of veins in the anus that ALL humans are born with it (so it is a normal part of your anatomy). They exist to provide a natural seal in the anus, so humans don't soil themselves during normal activities like passing wind. This term has now been hijacked by the lay vernacular to mean the abnormally large veins that may prolapse and/or bleed.

The first step is to try and shrink the haemorrhoids with conservative measures. Once the haemorrhoids get to grade 3 (prolapsed and don't reduce spontaneously), this is almost impossible without surgery.

Our Drs will recommend the daily use of supplementary fibre as a first step to obtain a soft stool daily ("Mr Softie" soft serve ice cream consistency). As we are going through an epidemic of slow colonic transit (see our FAQ on *slow colonic transit treatment*), this stool softening treatment may need to be escalated. This is often all that is required for Grade 1 and sometimes Grade 2 haemorrhoids.

Q: Why do haemorrhoids get bigger?

A: The main reason is slow colonic transit (see our FAQ on *slow colonic transit treatment*) and increased pressure within the colon. This results in the haemorrhoidal veins getting bigger over time. Additional risk factors include pregnancy and the number of pregnancies. Pregnancy increases the pressure in the pelvic venous network (plexus). Veins have very little muscle in their walls, so once stretched (dilated), they usually remain enlarged which is why most women develop their first "haemorrhoids" after pregnancy.

Haemorrhoid banding

If conservative measures fail but the haemorrhoids have not reached the Grade 3 stage, haemorrhoid banding can be considered. It is important to note this is NOT surgery and it only removes the superficial veins. **Patients will have to actively prevent the return of hard stools caused by slow colonic transit by taking daily supplementary fibre or our special bowel formula. This absolutely essential! Failure to do this will result in the haemorrhoids returning within a few months of the banding procedure.**

Banding uses the same principles as banding lamb's tail to prevent it from being infected by fly larvae. It strangles the superficial haemorrhoid which will eventually wither and disappear. Post banding, patients may experience discomfort (from annoying to infrequently moderate pain) anywhere up to 2-4 weeks. The bands will drop off inconspicuously and the banded site will scar up over time. The rectum will still feel a bit "abnormal" for a few months until the brain gets used to the new situation.

Haemorrhoidectomy (formal surgery)

This is proper surgery with quite significant post-surgical pain and its own set of issues. This should be a procedure of last resort. We will be able to refer you to the best surgeon for this procedure if required.

Take home message

Take your recommended stool softening regime post banding, or your haemorrhoids will come back sooner rather than later!