

Pros to Know

Managing hemorrhoids

If you notice blood in stools, blood in toilet paper, anal pain, swelling, discharge, you might have hemorrhoids. See a colorectal surgeon for diagnosis, workup and discussion about painless treatment options.

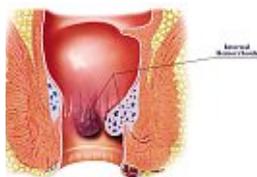
Hemorrhoids are a normal part of the anatomy. We are born with them. We have two sets: internal (inside the anal canal) and external (outside the anal canal). Symptomatic hemorrhoids are swollen (enlarged, dilated) veins inside and outside of the anus. Hemorrhoids are usually caused by increased pressure, such as straining when constipated or pressure during pregnancy. They may cause pain, bleeding, blood clots and itching.

Hemorrhoid enlargement can be seen in internal, external or both groups.

INTERNAL HEMORRHOIDS

Based on the size and nature of the hemorrhoids it is graded into four classes. Classes one and two are the early (small) classes and three and four are the advanced (large) classes.

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Conservative management for smaller hemorrhoids:

1. Changing bowel habits:
 - Avoid straining during defecation
 - Drink 64 ounces of water
 - Fiber supplements (e.g. Metamucil, Citrucel, Benefiber)
 - Stool softeners/laxatives (Colace, Miralax, Milk of Magnesium)
 - Avoid spending long time on the toilet
2. Shrink the Hemorrhoids: Over the counter Hemorrhoidal preparations
 - Zinc/Cortisone cream/suppositoryIt takes weeks to heal properly. During this time, you may have days when it seems healed, only to have a "bad" bowel



movement and a recurrence of symptoms. Stay on the program!

Intervention for large hemorrhoids:

- Office based procedures:
 - o Rubber band ligation
 - o Injection sclerotherapy
- Operating room procedures:
 - o Hemorrhoidopexy and dearterialization
 - o Hemorrhoidectomy

HEMORRHOID BANDING/LIGATION

The rubber band ligation treatment works wells on internal hemorrhoids that protrude with bowel movements. A small rubber band is placed over the hemorrhoid, cutting

off its blood supply. The hemorrhoid and band falls off in three to seven days and the wound heals in one to two weeks. This procedure may produce mild discomfort and bleeding. Hemorrhoidal symptoms of bleeding and protrusion can persist and will likely persist until all hemorrhoids have been treated. Generally, it takes two to four treatments at intervals of four weeks to eradicate all the enlarged internal hemorrhoids that are present.

INJECTION SCLEROTHERAPY

Depending on the size of the hemorrhoid injection sclerotherapy can be considered to shrink the hemorrhoids. This injection is generally done in the non-sensitive part of the anal canal so this should not be painful.

HEMORRHOIDOPEXY/ DEARTERIALIZATION

This procedure is less painful than hemorrhoidectomy.

During this procedure, sutures are placed through the enlarged hemorrhoids with an aim of cutting its blood supply and at the same time fixing it to the anal canal. This procedure is done as a same day surgery in the operating room under local anesthesia with sedation.

HEMORRHOIDECTOMY

Operative excision of both inside and outside hemorrhoids is considered when non-operative measures have failed to achieve symptom control for the smaller hemorrhoids, and when the internal and external hemorrhoids are large.

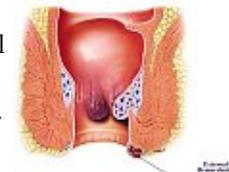
Hemorrhoidectomy is done as an outpatient procedure. The advantages of surgery include long-term relief from pain,

bleeding, itching and soilage. The most common problem is intense pain as you heal. You will need anywhere from one to six weeks off work, depending on the number of hemorrhoids removed, your pain threshold, and the type of work you do.

THROMBOSED EXTERNAL HEMORRHOIDS

Engorgement of an external hemorrhoidal vessel with acute swelling may allow blood to pool and, subsequently, clot; this leads to the acutely thrombosed external hemorrhoid, a bluish-purple discoloration often accompanied by severe incapacitating pain.

Although conservative nonsurgical treatment (stool softeners, increased dietary fiber, increased fluid intake, warm baths and analgesia) ultimately result in improvement of symptoms for most patients, surgical excision of the thrombosed external hemorrhoid often expedites resolution.



Acute pain and thrombosis of an external hemorrhoid within 48-72 hours of onset is an indication for excision. This is performed in the office under local anesthesia. Most patients tolerate this procedure well and notice instant relief from the excruciating pain.

Colorectal surgeons treat the majority of hemorrhoids with conservative treatment and office based procedures, thus saving the patient from a painful hemorrhoids excisional surgery. Discuss painless hemorrhoid treatment options with your colorectal surgeon.



Hemorrhoid Treatment

Siouxland's only Colorectal Surgeon, Gokul Subhas, MD, with UnityPoint Clinic, offers office based treatment options for conditions such as hemorrhoids and rectal bleeding.

Trained in the most advanced techniques, he also provides minimally invasive surgery, allowing for a faster recovery.

UnityPoint Clinic® - Colorectal and General Surgery

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unitypoint.org



Other conditions treated:

- Colonoscopy Screening
- Anal & Pelvic Pain
- Abdominal Pain
- Irritable Bowel Disorder
- Fecal Incontinence
- Constipation & Diarrhea
- Anal Fissure
- Anal Abscess & Fistula
- Diverticular Disease
- Colon & Rectal Cancer
- Crohn's & Colitis
- Pilonidal Disease
- Perianal Warts