



SITTING PRETTY

Hemorrhoids can be a literal pain in the backside, but you don't have to take them sitting down BY DR. DAVID LIMAURO

We don't like to talk about them. We often recoil at the very thought of them. But up to 50 percent of adults experience symptoms of hemorrhoids at some point in their lives, according to some studies.

Hemorrhoids are collections of veins and small communicating arteries that normally occur at the bottom of the rectum, just above and below the anal canal. They can cause symptoms that range from a mild nuisance to bleeding, which can be quite scary. The most common symptoms of hemorrhoids include bleeding, itching, fecal soiling, prolapse (tissue pushing out of the anal canal) and pain due to clot formation in external hemorrhoids.

There are a number of factors that can cause hemorrhoids—for example, diarrhea, constipation with straining and prolonged sitting. Other causes include pregnancy, pelvic tumors and weight lifting.

External hemorrhoids can be differentiated from internal hemorrhoids by their location, though the two types frequently exist together. Internal hemorrhoids occur above the dentate line (at the bottom of the rectum, just above the anal canal). They are rarely uncomfortable and most commonly present as painless rectal bleeding. External hemorrhoids occur on the outside of the anal canal and may develop swelling with pain.

Initial therapy for mild hemorrhoids is often conservative. Your doctor may suggest a high fiber diet and plenty of liquids, which have been shown to decrease hemorrhoid symptoms. Taking 20 to 30 grams of dietary fiber a day is typically recommended. Your doctor may also



prescribe sitz baths and topical steroid creams for short-term use.

For internal hemorrhoids, minimally invasive options using rubber band treatment and infrared laser therapy have proven very successful. These treatments decrease or cut off blood flow to the insensitive tissue to shrink the hemorrhoids. Because the tissue is scarred, the treatment also prevents the development of new hemorrhoidal tissue.

Rubber band ligation can be done at your physician's office or an endoscopy center with minimal pain and a very high rate of symptom reduction. In one study involving more than 6,000 patients, physicians found that 83 percent of those treated had complete relief from hemorrhoid symptoms. The procedure has a complication rate of less than 1 percent, takes minutes to complete and does not require bowel prep.

Surgical therapy, using hemorrhoidectomy, is the procedure of choice for

patients with prolapsed hemorrhoids that do not reduce, or people who have had unsuccessful conservative or minimally invasive treatment. Although it's very effective, a surgical hemorrhoidectomy requires regional anesthesia and involves post-operative pain. Plus, patients should expect high expenses due to both hospitalization and lost time from work.

Although hemorrhoids are among the most common causes of rectal bleeding, more serious causes should always be ruled out first. Usually, a colonoscopy or sigmoidoscopy is recommended to examine the colon prior to undertaking definitive therapy for hemorrhoids. Talk to your physician or gastroenterologist for further recommendations.

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