



Hemorrhoids: The Bottom Line

Did you know we are born with hemorrhoidal tissue, it's a part of our anatomy? Hemorrhoidal tissue lies within the anal canal and perianal area and consists of blood vessels, connective tissue, and a small amount of muscle. Hemorrhoids are described as varicose veins of the anus and rectum because they are enlarged, bulging blood vessels in the anus and lower rectum. The only time we actually feel hemorrhoids is when they become enlarged or symptomatic. Dr. Paonessa likes to use the analogy: "We all have teeth, but we all don't have cavities." Likewise, we all have hemorrhoids, but we all don't have symptomatic hemorrhoids.

There are two types of hemorrhoids: internal and external. Both can have different symptoms and often different treatments. Internal (inside) hemorrhoids form in the anus beneath a lining called mucosa, which is not sensitive to touch, pain, stretch or temperature. As such, internal hemorrhoids are commonly associated with painless bleeding and protrusion during bowel movements. It is only when the hemorrhoid completely prolapses from the opening of the anus and cannot be pushed back inside that it becomes severely painful.

Internal hemorrhoids are classified in four grades:

Grade One: The hemorrhoid is not protruding from the opening of the anus (no prolapse).

Grade Two: The hemorrhoid protrudes from the anus but it goes back in on its own.

Grade Three: The hemorrhoid protrudes and requires the patient to push it back inside the anus.

Grade Four: The hemorrhoid cannot be placed back into the anus by the patient. This is often very painful.

External (outside) hemorrhoids form around the anus and are covered by very sensitive skin. The most common complaints associated with external hemorrhoids are occasional swelling, pressure or discomfort. When a hemorrhoid is symptomatic, it becomes a bluish-colored, painful lump outside the anus. If the external hemorrhoid develops a clot (thrombosis), it becomes a hard, painful lump. When the pressure becomes elevated, it can cause the thrombosed hemorrhoid to break down the overlying skin, and the clot begins to leak out. Even after the hemorrhoid has healed, some patients complain about soft tissue outside the anus called an anal skin tag. An anal skin tag is the residual effects from the thrombosed external hemorrhoid. A skin tag may hinder a patient's ability to clean after a bowel movement. Although there is no treatment for anal skin tags, they can be removed if hygiene becomes an issue for the patient.

There are several factors that can cause hemorrhoids, although the exact cause is unknown. Upright posture, alone, increases pressure on the rectal veins and can cause them to bulge. Additional factors include aging, chronic constipation or diarrhea, straining during pregnancy, heredity, straining during bowel movements, overuse of laxatives or enemas, and extended periods of time on the toilet (i.e., reading).

Here are some symptoms you should be aware of to determine if you may have a hemorrhoid problem: if you are having bleeding during bowel movements, itching in the anal area, pain, sensitive lumps or prolapsing during bowel movements. If you do experience any of the symptoms, do not treat with over-the-counter medication. Call and make an appointment with your doctor. It is very important to understand that NOT all rectal bleeding is caused by hemorrhoids. As such, it is crucial to seek consultation with a specialist such as a colon and rectal surgeon to be sure that the rectal bleeding is not caused by a serious disease such as anal or colorectal cancer.

How hemorrhoids are treated depends on how severe the condition is. If the symptoms are mild, your doctor may simply have you increase your fiber intake in your diet (i.e., fruits, vegetables, breads and cereals) or by adding an oral fiber supplement. It is recommended that you consume 20-35 grams of fiber per day. It is very important to make sure that you drink 8-10 glasses per day of water. Other beverages that contain caffeine or alcohol will dehydrate you, so try to decrease your intake of those beverages. These measures help to create a soft, formed stool, thereby eliminating excessive straining during bowel movements. This, in turn, will decrease the pressure on the hemorrhoids. The use of warm water soaks (sitz baths) will also provide relief.

There are several outpatient treatments that may be performed in the office to help treat symptomatic hemorrhoids. These include rubber band ligation, infrared photocoagulation, and sclerotherapy. All of these procedures are painless. Dr. Paonessa's procedure of choice in the office is sclerotherapy. Sclerotherapy involves an injection of a chemical irritant into the hemorrhoid, which causes scarring and shrinkage of the blood vessels present within the hemorrhoidal tissues. This procedure is painless and has few, if any, complications. Sclerotherapy is safe for patients on blood thinners. As with any procedure, you will need to discuss this with your physician.

External hemorrhoids may also be treated on an outpatient basis as well. Excision of the hemorrhoidal tissue can be performed. The hemorrhoid will be injected with a numbing agent, and excising of the hemorrhoid along with all blood clots (thrombus) is done. In this case the entire external hemorrhoid is removed, not lanced, so as to avoid any residual skin tag once healed. This procedure provides instant pain relief for those patients suffering from severe pain. Often hemorrhoids that are not thrombosed can be treated with dietary change and sitz baths.

There are other procedures that can be done on an outpatient basis at surgery centers or hospitals. These include traditional hemorrhoidectomy, transanal hemorrhoidal dearterialization (THD), and stapled hemorrhoidectomy. As with any surgery, you will need to have your physician evaluate your condition and see what the best option for you is. With advances in local anesthetic and surgical technique, hemorrhoidectomy is not the painful procedure it had been associated with in the past.

If you are experiencing any of the symptoms or conditions discussed, please contact Paonessa Colon and Rectal Surgery to make an appointment with Dr. Paonessa. Dr. Paonessa is well trained in all aspects of hemorrhoid management and surgery. In fact, she is the co-editor of the textbook *Surgical Treatment of Hemorrhoids*, 2nd edition, and authored three of the chapters within this textbook.



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Board-certified in general surgery and proctology and a fellow of the American College of Osteopathic Surgeons, Dr. Paonessa specializes in colon and rectal surgery. She has been in practice for 15 years. She completed her colon and rectal surgery fellowship at Lehigh Valley Hospital in Allentown, PA. She is co-editor of the textbook *Surgical Treatment of Hemorrhoids*, 2nd edition. Dr. Paonessa believes in patient-centered care and preserving each patient's independence, well-being and dignity. She provides the latest, up-to-date treatments and tailors each plan of care to the individual patient's needs.