

HAEMORRHOIDS, SIGMOIDOSCOPY & COLONOSCOPY

You have been referred with possible haemorrhoids. These may be bleeding or painful and a lump may be present.

This needs further assessment by asking you a series of questions and an examination which includes sigmoidoscopy.

There may other causes for some of these symptoms such as an abscess, fissure, fistula or polyp and occasionally even more serious problems. These can usually be diagnosed by the history and examination performed in the office. This examination is performed with a glove, a chaperone is provided if requested.

SIGMOIDOSCOPY

The final part of the examination is a sigmoidoscopy. This is a rigid, sterile and disposable tube which is lubricated to make the insertion easier. It looks at the lower part of the bowel. The examination is not painful but there may be some abdominal discomfort due to the gas which is used to inflate. It is a quick procedure. It can detect abnormalities in the bowel such as polyps or inflammation. It can confirm the presence of haemorrhoids, but does not exclude problems higher up in the bowel. Also occasionally the view is not good because the bowel is not prepared.

COLONOSCOPY

These days, in most patients over 45 years a colonoscopy will be advised to exclude causes further up the bowel such as polyps or even cancer. This is recommended also if there is a family history of bowel cancer.

Biopsies may be taken, polyps if present can be removed and sent for pathological examination.

The procedure will be done at Masada Hospital as a day case if you are insured. If not other arrangements will be made.

Colonoscopy is a safe procedure. It involves taking a fluid the day before the procedure to clean the bowel right out. It is done under anaesthetic as a day case by myself – a qualified Endoscopist, a specialist in this field. There are extremely rare complications to the procedure. This is perforation of the bowel or severe bleeding and it may result in emergency surgery. Removing polyps increases this risk slightly. The incidence of complications may be 1 in 1000 or 2000.

HAEMORRHOIDS

If it is confirmed you have a haemorrhoid problem there are a variety of options open. Diet and cream may be sufficient. In some cases rubber band ligation will be advised. This is an effective procedure for severe bleeding when haemorrhoids prolapse in and out. It is not suitable for painful thrombosed haemorrhoids or skin lumps. Thrombosed haemorrhoids or very severe haemorrhoids may require surgery.

Rubber band ligation can be carried out in the office under a separate attendance. It is not usually a painful procedure. Patients can usually get back to normal activity fairly quickly.

Occasionally the haemorrhoid problem requires surgery. It must be realised that surgery for a haemorrhoid is painful in the post-operative period. Some of the procedures can be carried out in the office, whilst some will require an anaesthetic and hospitalisation for one to four or five days. For a full haemorrhoid operation you may be off work for two or three weeks.

COST:

For your first visit there is a consultation and sigmoidoscopy fee, which totals \$160.00. Approximately \$80.00 of this is rebateable by Medicare. If any other procedures are required these will be explained to you and you will be informed of the costs.

If there are any questions these will be explained.

Mr MAURICE BRYGEL

Mr Maurice Brygel

MASADA MEDICAL CENTRE
26 Balaclava Road
EAST ST KILDA 3183
PH: 9525 9077 FAX: 9527 1519

MBBS DA (Lond) FRACS

SIR JOHN MONASH
212 Clayton Road
CLAYTON 3168
PH: 9562 9400

LIGATION FOR HAEMORRHOIDS

This is a simple office treatment for haemorrhoids.

It has many advantages over the haemorrhoidectomy operation.

Haemorrhoids are situated just within the anus. They have a rich blood supply and have compared with protruding varicose veins.

They bleed or prolapse as a result of straining, which occurs with the lack of fibre in the modern diet.

Haemorrhoids may:

- Bleed, particularly at the toilet - the blood may drip or splash into the bowl or colour the toilet paper.
- Prolapse - usually with straining of the bowels. They either return inside spontaneously or need to be pushed back inside.
- Thrombose and prolapse - This is very painful and the haemorrhoid cannot be returned inside.

Treatment for haemorrhoids depends on their severity and the main measures consist of:

1. High fibre diet and use of local shrinking and soothing applications such as Rectinol.
2. Injection sclerotherapy.
3. Rubber band ligation.
4. Radical operative haemorrhoidectomy - This is performed less frequently now although it is the most effective method of treating large thrombosed haemorrhoids. However it does involve hospitalisation for two to five days and up to two to three weeks off work.

The rubber band ligation procedure has many advantages over haemorrhoidectomy as it is a simple technique which gives minimal pain in the majority of cases. Infection and bleeding can occur but are usually not a major problem.

RUBBER BAND LIGATION

A latex rubber band is placed around the neck of the haemorrhoid. This strangulates its blood supply and the haemorrhoid drops off within a few days. Because haemorrhoids have sensitive nerve fibres of the skin, the technique is usually not painful. However, the external skin is painful and for this reason banding is not suitable for those haemorrhoids which are thrombosed and which have large skin.

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PROCEDURE

A rectal examination with a glove is performed. Then the bowel above the haemorrhoids is examined with an instrument called a sigmoidoscope to exclude other causes of bleeding from the bowel. In patients over 45 a Colonoscopy may be performed. If appropriate at the first visit the rubber bands are applied around two or three main haemorrhoids.

ADVANTAGES OF RUBBER BAND LIGATION

1. No hospitalisation.
2. No anaesthetic.
3. Minimal pain.
4. Minimal time off work.

POSSIBLE DISADVANTAGES

1. May require more than one course of treatment.
2. Does not deal with external skin tags and loose skin of haemorrhoids.
3. There is a small risk of complications such as aggravation of other haemorrhoids, bleeding and infection.

AFTER THE PROCEDURE

1. Try not to use your bowels the same day, the rubber band may fall off.
2. Avoid getting constipated or straining. Two to three teaspoons of bran a day or Coloxyl or Agarol may help.
3. If there is excessive bleeding, lie down with your bottom up in the air. Gravity usually stops the bleeding. However if it persists notify the office. Anusol or Rectinol ointments may help minor bleeding.
4. A burning or irritating sensation may be present. Stop all coffee, alcohol and spices and use of Anusol or Rectinol suppositories.
5. For pain use Panadol, Panadiene, Digesic or Codral Forte.
6. If another haemorrhoid becomes inflamed, try to push it back inside and use a suppository.
7. For painful external swelling:
 - Warm baths are helpful.
 - Ice packs help the haemorrhoids shrink.
 - Rest.
 - Try to avoid straining at the toilet.

The situation may be reassessed in about one week but further rubber band ligation treatment is not performed for another three weeks so that the wound caused by the haemorrhoid dropping off is given time to heal.

Written by Dr Stephanie Nicolopoulos and Tony James. Endorsed by the Royal Australian College of General Practitioners (RACGP). For more information about haemorrhoids, ask your GP.

Haemorrhoids (sometimes called piles) occur when the veins in the lower part of the rectum and around the anus become swollen, enlarged or damaged.

Other conditions can also cause discomfort, pain or bleeding in this area. They include anal fissure and anal itching (pruritus).

Although haemorrhoids are the most common cause of bleeding from the anus or rectum, they are not the only cause. Rectal bleeding may be the first sign of a serious condition such as cancer, so it should always be checked by a doctor to find out the exact cause and to allow the best possible treatment.

What causes haemorrhoids?

The veins that are involved in haemorrhoids are a normal part of our anatomy. They become enlarged if the flow of blood through them slows down or is obstructed - a little like varicose veins in the leg. Factors that can interfere with the blood flow and increase the risk of haemorrhoids include:

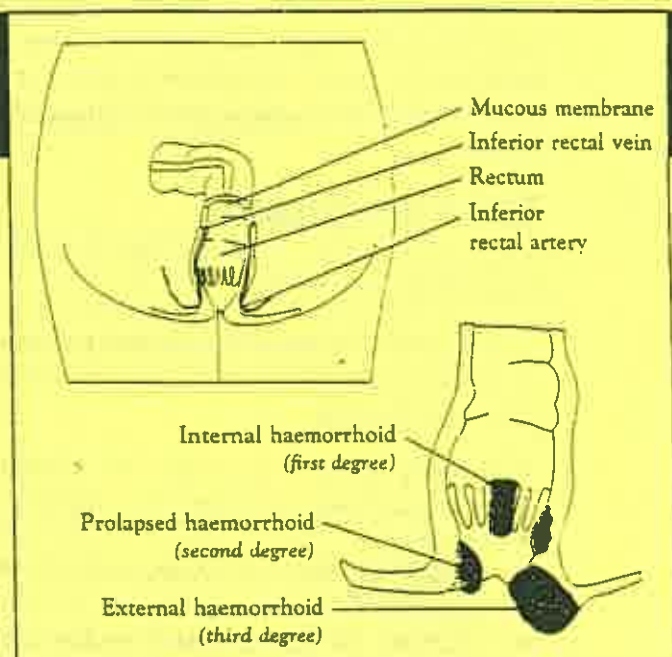
- constipation and straining to pass a bowel motion
- pregnancy and childbirth
- lifting heavy weights incorrectly
- chronic coughing
- being overweight
- liver disease

Who is most at risk?

Haemorrhoids are very common in our society, particularly in older people. Up to half the population will suffer from them at some time in their lives. Haemorrhoids are less common in people younger than 40, although they may suffer from anal or rectal discomfort due to other causes.

The list of factors that contribute to haemorrhoids (above) indicates the people who are most at risk. Constipation is the biggest factor, and it's also one that we can do something about. The enormous changes in the body associated with being pregnant and having a child also hasten the development of haemorrhoids.

Abdominal strain from coughing or lifting heavy weights may be difficult to avoid, but at least if you use the correct technique for lifting, you will help to reduce the problem.



What are the symptoms?

The symptoms of haemorrhoids depend on:

- the blood vessels involved
- how long they have been present
- the severity of the problem.

Internal haemorrhoids

Internal haemorrhoids develop from the veins in the lower part of the rectum. Usually they are not painful to start with although they may cause a vague aching sensation. Often the first sign will be a small amount of bright red blood on the toilet paper or in the toilet bowl after passing a motion, or on the surface of the bowel motion itself.

Haemorrhoids tend to grow in size over time. Pain and discomfort also become more likely, particularly if the haemorrhoid becomes inflamed or infected, or if it develops a blood clot inside it. The haemorrhoid may become so large that it is pushed through the anus when passing a bowel motion (prolapse), and then it may become 'strangulated'.

External haemorrhoids

Sometimes when an internal haemorrhoid prolapses through the anus it is called 'external'. However, the phrase 'external haemorrhoids' usually refers to changes in the blood vessels lying under the skin around the anus. These veins, too, can become enlarged and cause difficulties.

Haemorrhoids

An aching pain is often the first symptom of external haemorrhoids. The biggest problems occur when a blood clot inside the vein causes a bloodblister to form just beneath the skin. Because the skin is rich in nerve endings, this can be very painful.

But is it haemorrhoids?

Several other common conditions can cause pain, itching or discomfort around the anus.

An anal fissure is a tear in the skin lining the anus. It can be very painful, especially when passing a bowel motion, and can also lead to bleeding.

Anal itching (pruritus) is another very common complaint. There are many causes for itching and tenderness, including:

- eczema
- thrush (infection with a fungus called Candida)
- pinworms or threadworms
- diarrhoea and other diseases of the digestive system
- some sexually transmitted diseases.

Often, though, it isn't possible to find the exact cause.

Anal itching tends to be made worse by hot, humid weather, excessive sweating, and friction between the skin surfaces during exercise or from being overweight.

How are haemorrhoids treated?

Three types of treatment are used for haemorrhoids and other anal and rectal conditions.

Lifestyle changes, such as controlling constipation, weight loss and sensible hygiene can make a very big, long-term contribution.

Several types of medication are available to reduce the size of haemorrhoids and control symptoms of pain and itching.

Surgery may be needed to treat large haemorrhoids or other conditions such as a clot in an external haemorrhoid.

Is it serious? And who can help?

Conditions affecting the anus and rectum are extremely common. Your doctor and pharmacist are used to discussing them, and you should not feel embarrassed about seeking their help.

Your pharmacist will be able to give advice about medication to relieve the symptoms, and also advise about lifestyle changes such as reducing constipation.

Remember that many conditions can cause anal and rectal symptoms. Unless you find out the exact cause, it mightn't be

possible to treat the problem successfully. This could mean that unless you talk to your doctor, you could suffer more discomfort, and perhaps more anxiety, than you need to.

Also remember that bleeding from the rectum or anus can be the first sign of very serious diseases including colorectal cancer. Although bright blood after passing a bowel motion is likely to be due to haemorrhoids, it should be investigated by a doctor - just to make sure.

You should see your doctor:

- If you have a change in your bowel habits (for example, constipation or diarrhoea), or any unexplained weight loss or anaemia.
- If you have sudden or severe pain in the anus or rectum.
- If treatment of the symptoms doesn't provide enough relief.

How can I help?

Constipation is a very common result of our 'civilised' lifestyle that involves a low-fibre diet and little exercise. Eating more fibre, drinking lots of liquids, and good bowel habits (such as trying not to postpone visits to the toilet) will help to reduce constipation, and control haemorrhoids.

- Don't add to the irritation around the anus by scratching, or trying to clean or scrub the area excessively when bathing.
- Keep the area as dry and cool as possible.
- Wear loose clothing and underwear (avoid synthetic fabrics if possible).
- Clean gently after bowel movements. Use moistened cotton wool if necessary, rather than toilet paper.
- Do not use perfumed soaps or talcum powder (including baby powder), as these sometimes add to the irritation of sensitive skin.
- Talk to your doctor.

Notes

Medication

Dosage

Other