

## **Piles (Hemorrhoids)**

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### *What are piles?*

Hemorrhoids (or piles) are swelling of blood vessels that are normally present in anal canal and associated with bleeding during passage of stool similar to varicose veins in legs. Fig. 1 shows the rectum and anal canal and location of piles.

### *Types of piles*

Piles are of two types, internal and external. Internal piles usually remain along the anal wall. You usually can't feel or see them, unless they come out through the anus while straining for stool (prolapsed internal piles). External piles are small soft pads around the anal opening, the same color as your skin. When an external hemorrhoid forms a blood clot (thrombus), it can appear blue in color (Fig. 1, inset) and cause severe pain, itching and inflammation.

### *What are the factors causing piles?*

Prolonged and excessive straining to pass stool in patients with constipation is

the most important factor causing piles. Read the article on constipation to know more about constipation.

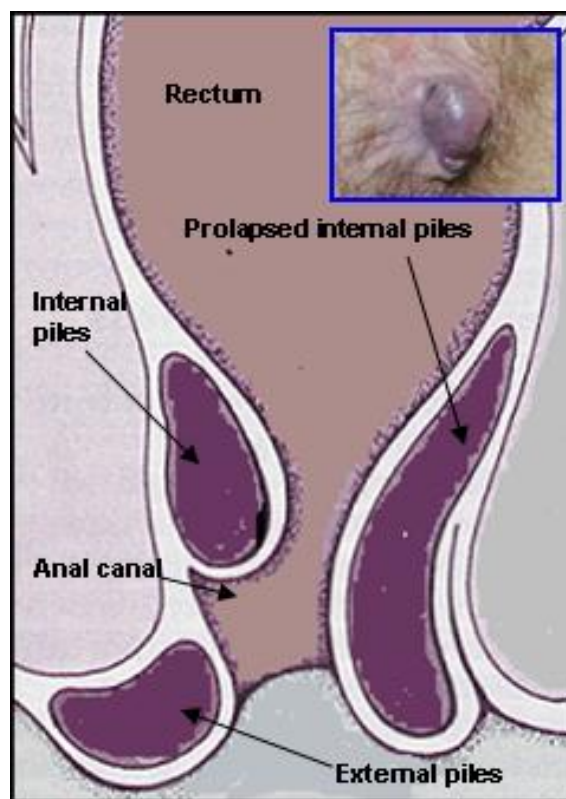


Fig. 1. Rectum, anal canal and different types of piles. Inset shows a thrombosed external piles.

### *When to consult doctor?*

Bleeding through anus is a common symptom of hemorrhoids, but it could be

a symptom of a more serious disease and hence, should never be ignored.

Persistent pain may result from infected, thrombosed piles or associated anal fissure. Your doctor will perform an examination and decide on the best course of treatment for these conditions.

*How hemorrhoid is diagnosed?*

Bleeding through anus should never be ignored. Though it may result from simple and common problems like piles or anal fissure (crack in the anus developing during excessive straining while passing hard stool), it can rarely be a manifestation of serious disease like colon cancer, which if diagnosed and treated early, may be curable.

Diagnosis is made by proctoscopy or proctosigmoidoscopic examination of anus and rectum (Fig. 2). A colonoscopic examination can also diagnose piles, though it is not

commonly done just to diagnose piles. Though your doctor can see external piles merely by seeing anus, internal piles are not seen during such examination.

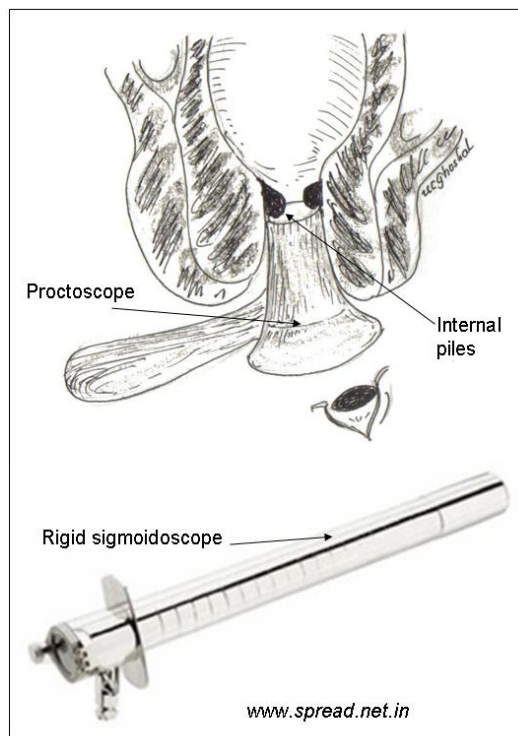


Fig. 2. Proctoscopy is being done. The equipment at the bottom is a sigmoidoscope.

*How are piles treated?*

Piles are treated by the following measures: (a) endoscopic treatment, (b) surgical treatment, (c) general measures.

Fig. 3 outlines endoscopic treatment of piles. Generally, endoscopic treatment is the first-line treatment and surgical treatment is reserved only for situations where endoscopic treatment has either failed or is not possible, such as in patients with external piles or unusually large piles.

*Injection treatment:* Injection of a chemical (generally 1% ethoxysclerol) that causes clotting of blood inside piles is given while seeing the piles through proctoscope (Fig. 3). This is done for small piles too small to apply bands. Usually 3-5 sessions done at an interval of 2-3 weeks are required to totally abolish the piles. Some pain while passing stool is quite common after each session.

*Banding:* Like injection treatment, application of rubber band to piles (Fig. 3) is also done for 3-5 times every 2-3 weeks. The bands, which are used to tie

the piles, fall off spontaneously. However, this causes clotting of blood inside these veins. Some pain particularly during passing stool is common after banding.

*General measures:* After each session of pile banding or injection, you doctor will advise you sitz bath (sitting on a wide container containing warm water for 5-10 min once to two times per day for 7-10 days), laxative to keep stool somewhat liquid and pain killer if required. Avoid straining at toilet and having constipation (see the chapter on constipation). Sitting at toilet and straining long can encourage swelling. Go to toilet when you feel the urge to have bowel movement; delaying now can mean straining later. Drink excess of water and increase fiber in diet. Exercise regularly, particularly at morning before going to toilet as it increases colonic

movement causing better bowel movement.

*Surgical treatment:* Usually done when non-surgical measures fail. Remember that surgery can sometimes lead to a troublesome complication called fecal incontinence in which you can not hold stool, it soils clothes due to damage to the valve that holds stool (read the chapter on fecal incontinence).

*What should you know about fiber?*

Fiber is the part of a plant that can't be digested. It adds bulk to keep other foods moving through the digestive system and it holds water which, in turn, softens the stool for easy elimination. Fiber comes in two different types, both of which are needed for proper bowel function:

**1. Soluble** fiber forms a gel-like material in water. It helps restore regularity and

soften stools. Good sources include oats, beans, peas, many types of fruit and products containing psyllium.

**2. Insoluble** fiber does not dissolve in water and moves through your digestive system quickly and largely intact. It helps keep you regular by bulking up the stool. Good sources include wheat bran, whole-grain cereals and breads and many types of vegetables.

*Easy ways to increase fiber*

Adding fiber to your diet may be easier than you think. Here are some tips that can help you get started:

- Substitute high-fiber foods (wholegrain bread, brown rice, fruits and vegetables) for low-fiber foods (white bread, white rice, candy and chips).
- Try to eat more raw vegetables and fresh fruit, including the skins, when appropriate. Cooking vegetables

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can reduce their fiber content, and skins are a good source of fiber.

- Eat high-fiber foods at every meal. Bran cereal for breakfast is a

good start, but try to include some fruits, vegetables, whole-grains and beans in your diet as well.

Fig. 3. Endoscopic treatment of piles.

