

Haemorrhoids or piles have plagued mankind from time immemorial. They have been described in history as 'Bunches of grapes from hell.'

- They are swollen blood vessels in the anal canal or back passage (very similar to varicose veins that are seen on the legs). They are normally present in the anal canal, but increase in size during our lives as we strain on passing stools. The more one strains especially in times of constipation the larger the haemorrhoids become. They are commonly seen in women after pregnancy.
- Approximately half of the population will suffer from piles during their life. The most common symptom is bleeding from the back passage during and after defecation. This occurs when the stool tears the piles. The bleeding is typically fresh, bright red blood that smears the toilet paper and may even drip out into the toilet bowl.
- As haemorrhoids increase in size they can protrude through the anus on defecation, this causes discharge of mucus. This can be very irritating to the skin around the anus resulting in soreness and itching, as the haemorrhoids increase in size they may have to be pushed back inside the anus. Occasionally the haemorrhoid cannot be pushed back and the blood inside may form a clot and become quite painful.
- Traditionally the British public do not like to discuss their bowel habits or bottoms and often, only after a protracted period of 'suffering in silence' will they eventually sum up the courage to visit their GP.
- Your doctor will need to ask you several questions during your consultation. We understand that you will be embarrassed and scared by your symptoms and will try to relax you as much as possible. (Remember doctors also suffer from haemorrhoids and will be very sympathetic!) However, no matter how anxious you may be, your doctor does need to examine you carefully. This will involve looking at the anus and then an internal examination will be performed. Some GP surgeries and all hospital clinics will have small telescopes, cameras or endoscopes (all the same thing) that can be inserted into the anal canal to look at the haemorrhoids and the lining of the anal canal and rectum. This needs to be done to exclude other causes of bleeding and confirm the diagnosis of haemorrhoids.
- Haemorrhoids can easily be treated and better still prevented. As they are caused by too much straining and constipation, the simple advice is to drink at least 1.5 litres of water per day, cordials can be mixed to improve taste. Eat a high fibre diet, start the day with weetabix or branflakes and a pint of water, have fresh fruit during the day, brown bread for sandwiches and eat lots of vegetables, figs and prunes. Carry a bottle of mineral water around with you. Take more interest in the labels on the food products you eat. You will notice the stools becoming softer and easier to pass with much less straining. Most people also report feeling much more healthy on fibre rich foods. Moist, disposable baby wipes are excellent for adults too! They provide thorough cleaning, without the abrasive nature of toilet paper, patients swear by them!
- If these simple methods do not help then fibre supplements such as fybogel are recommended. Other laxatives include lactulose and movicol. These can all be brought over the counter in your local pharmacy. Your pharmacist should also be able to help with the different types of laxatives, some are stronger than others. Creams and ointments can help the symptoms of haemorrhoids (especially itching and soreness). Be careful if they contain steroids as these should not be used for more than seven days.

- If these methods do not help. I can shrink the haemorrhoids by either performing injections or putting small rubber bands on the base of the haemorrhoids causing them to shrivel and fall off. These are actually very well tolerated but can cause varying degrees of discomfort for upto two days afterwards. These treatments can be repeated as necessary. I prefer bands as they are more effective.
- If the haemorrhoids are very large or do not respond to the above treatments then an operation may be necessary. There are different types of operations and the pros and cons of these will always be discussed with the patient first to decide which operation would be best suited to them. I find the combination of high fibre diets and bands to be so effective that I now only perform small numbers of operations each year.
- Remember, the normal bowel habit is very variable, it ranges from three times per day to once every three days. As long as the stools are soft and you are not straining then hopefully the chances of being affected by haemorrhoids are low and the outcome of treatment excellent.