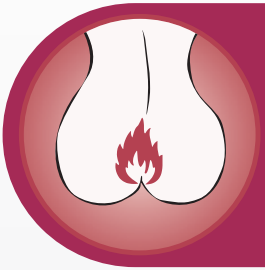

HAEMORRHOIDS – A COMMON DISEASE

What you always wanted to know about haemorrhoids (piles) – and what you need to know!

Advice for patients

kreussler PHARMA

Dear Reader,

So that you can get rid of your haemorrhoids quickly and keep them away for as long as possible, please read the following pages carefully.

First and foremost – you are not alone!
Very many people suffer from haemorrhoidal disease, commonly known as "haemorrhoids or piles". Experts estimate that haemorrhoidal disease affects almost every second adult.

The good news:
You are suffering from a benign (innocent) condition and effective methods of treatment are available. Many patients find it embarrassing to talk about their symptoms and so their problem is only diagnosed at an advanced stage.

You should not be shy of going to see your doctor early on!

Because – the earlier haemorrhoidal disease is treated, the greater your chances are that it can be cured without an operation.

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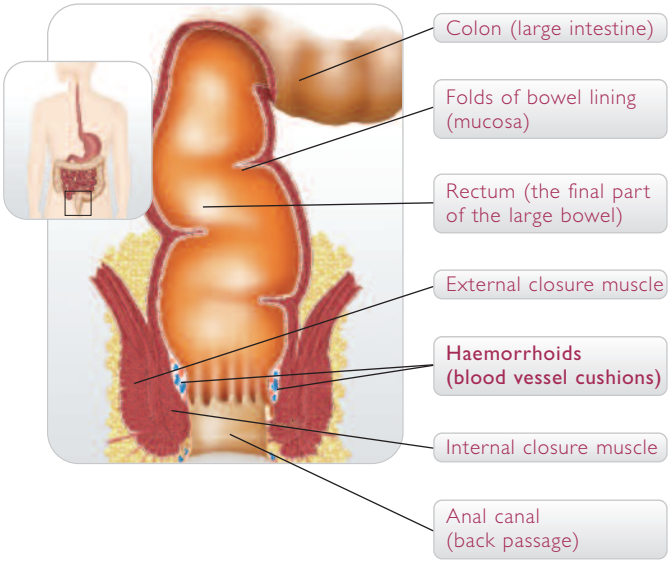
WHAT ARE HAEMORRHOIDS?

Where the rectum joins the anal canal (back passage), there are cushions of blood vessels that form a ring under the lining (mucosa) of the bowel. Everybody has these cushions and they have an important task – they are responsible for keeping the end of the bowel properly closed.

We talk about **haemorrhoids as a disease** (haemorrhoidal disease, piles) if these blood vessel cushions become enlarged and thus cause symptoms.



WHAT ARE THE SYMPTOMS?

Bright red bleeding (drops of blood in the toilet bowl, coating of blood on the stools [faeces] or on the toilet paper) is usually the most noticeable symptom with haemorrhoidal disease.

Other possible symptoms are:
itching, burning, stabbing pains, wetness, a feeling of incomplete emptying of the bowels, a foreign body sensation inside the anus (back passage), inflamed skin around the anus or haemorrhoids actually sticking out (prolapsing) from the anus.
In severe cases the prolapsed haemorrhoids can become painfully inflamed and there can be uncontrolled leakage of stools (faecal incontinence).

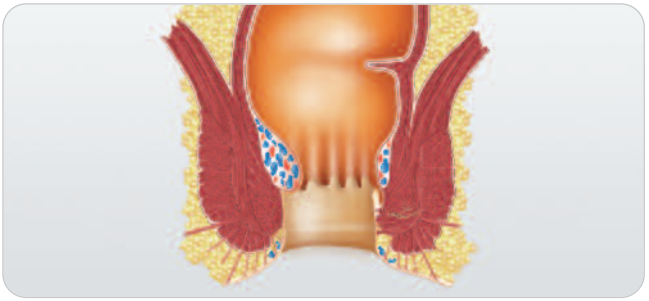
There may be just one of these symptoms or several happening together: they are very unpleasant and can make you feel quite ill.

HOW LARGE CAN THE HAEMORRHOIDS BECOME?

There are four degrees of severity of haemorrhoidal disease.

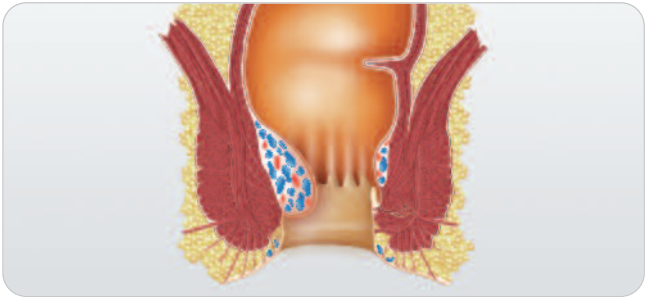
1st degree haemorrhoidal disease

The haemorrhoids are slightly enlarged and bulge into the bowel, but they are not visible outside. They can only be diagnosed by using an instrument (proctoscope).



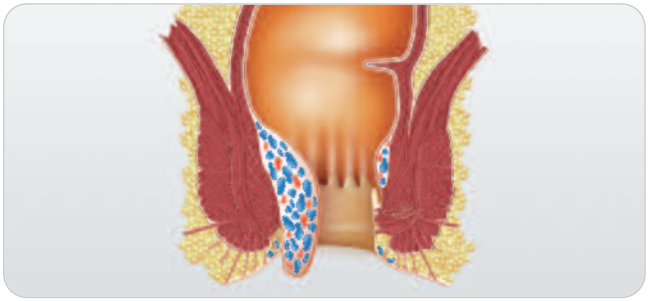
2nd degree haemorrhoidal disease

If the haemorrhoids become larger, they get pushed down out of the anus (= prolapse) when passing stool. The prolapsed haemorrhoids go back inside the anus by themselves afterwards.



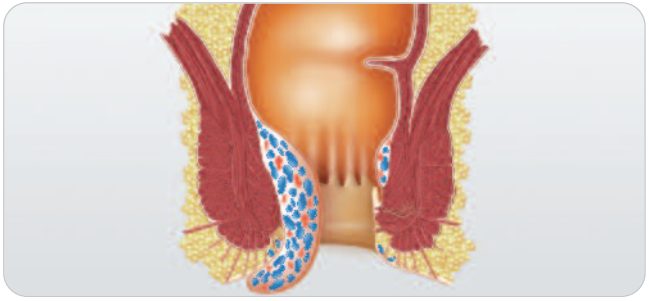
3rd degree haemorrhoidal disease

At this stage, the haemorrhoids no longer go back inside after passing stool: they have to be pushed back by a finger. Also, heavy physical effort and a long walk may make them prolapse.



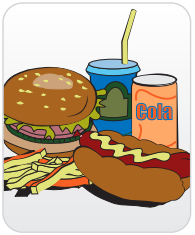
4th degree haemorrhoidal disease

It is no longer possible to push the haemorrhoids back with a finger. The haemorrhoids remain outside the anus.



WHAT CAUSES HAEMORRHOIDAL DISEASE?

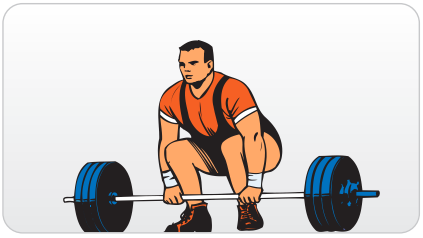
Various risk factors cause haemorrhoidal disease, or make it likely to occur:



Shortage of fibre in your food

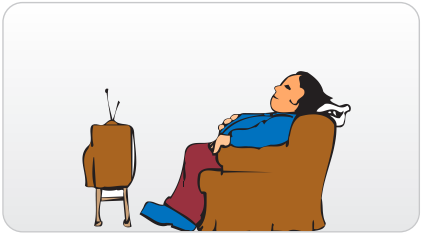
The wrong toilet habits (e.g. reading on the toilet)

Constipation (strong pushing when passing stool)



Lifting heavy loads

Pregnancy



Lack of physical exercise

Overweight

Also, it seems that a congenital weakness of the soft ("connective") tissues may increase the risk of developing haemorrhoidal disease. Taking laxatives often and chronic diarrhoea can also encourage piles to develop.

WHEN SHOULD YOU GO TO SEE YOUR DOCTOR?

You must definitely go to see your doctor if you notice blood in your stools or on the toilet paper.

In most cases the bleeding will have been caused by haemorrhoidal disease or some other disease that is not serious. Rarely, there may be a more serious cause behind these symptoms and only a doctor can make certain that this is not the case.

Your doctor may refer you to a specialist in diseases of that area of the body (that may be a proctologist).

HOW WILL THE DOCTOR DIAGNOSE HAEMORRHOIDAL DISEASE?

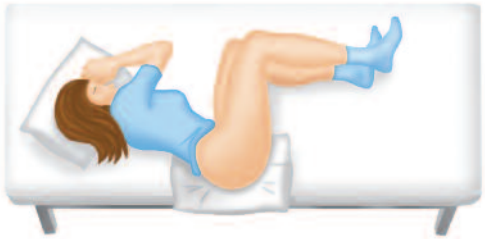
The doctor will first ask you some questions about your symptoms. They are not a taboo theme for doctors and it is not embarrassing for them because they have to deal with such diseases every day.

So do not be shy of answering the doctor's questions frankly and honestly.

After these questions, the doctor will examine you.

How will the doctor examine you?

Three different positions are used for examining patients with suspected haemorrhoidal disease:



Lying on left side

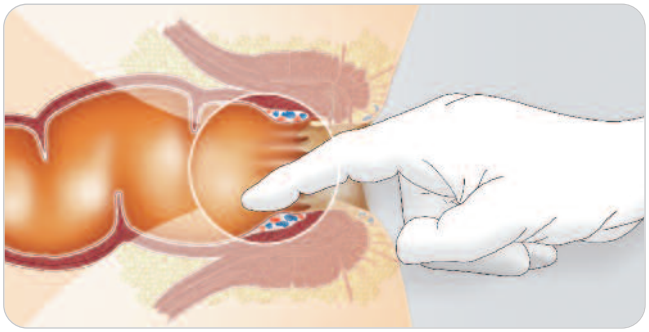
Knee-elbow position

Lithotomy position

Most specialists will use the lithotomy position for a detailed examination, with your legs supported out of the way.

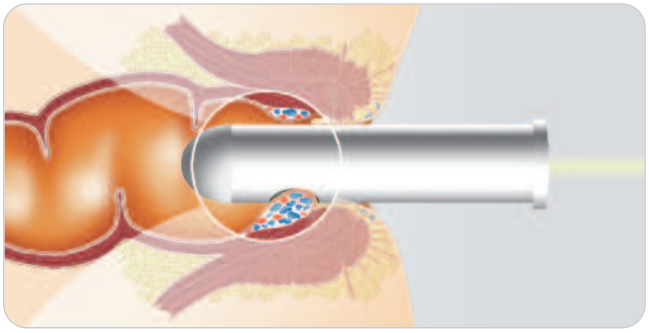
Rectal examination (palpation) with a finger

Firstly the doctor will look carefully at the anus, pressing the buttocks gently aside with both hands. You might be asked to push down.
Then the doctor will insert a finger to palpate the rectum. In that way the doctor can feel any knobbly changes or any narrowing and can check the tone of the muscles that close the anus. It is not usually possible to actually feel haemorrhoids, so it might then be necessary to look inside the back passage with an instrument.



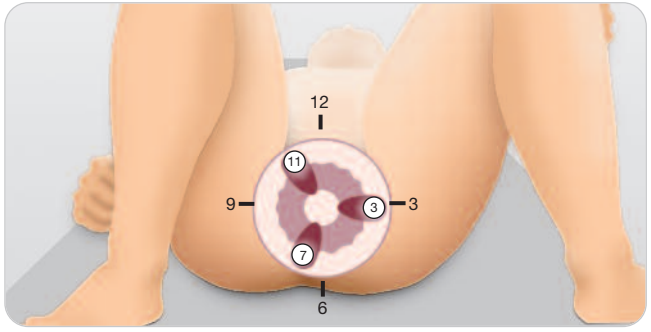
Looking inside the anus and rectum

Your doctor will examine the anal passage with a special instrument, the proctoscope. The proctoscope is a narrow, stiff tube about 10 cm long that is carefully inserted into the anal canal.



Some people find this examination unpleasant, but as a rule it is not painful.
Through the opening in the proctoscope the doctor can carefully examine the inside of the anal canal and check whether you have haemorrhoidal disease. No special preparation is required for this examination.

When describing the position of haemorrhoids, the doctor compares them with the position of figures on the dial of a clock and typically there may be haemorrhoids at the 3, 7 and 11 o'clock positions.

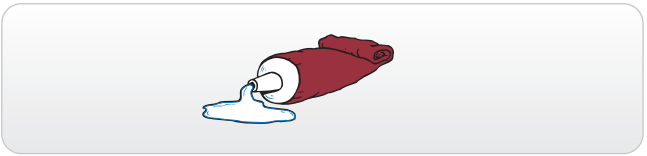


To be certain of excluding other diseases, the lower bowel (rectum) should be inspected in the same way. The specialist will use a somewhat longer tube (rectoscope) that is pushed cautiously into the rectum. Sometimes the patient is given a small enema shortly before this examination.

Depending on the result of the examination, it may be necessary to inspect the whole of the large bowel (colonoscopy).

HOW DOES THE DOCTOR TREAT HAEMORRHOIDAL DISEASE?

In the early stages the use of ointments, creams, pastes, or perhaps suppositories, anal tampons or lotions may help to relieve the symptoms.



Anal tampons are particularly recommended, a special type of suppository: they are held within the anal canal by a strip of gauze so that they can release their active ingredients directly at the site of the disease.
However, the symptoms can only be relieved by these treatments for a short time. The disease continues to progress.

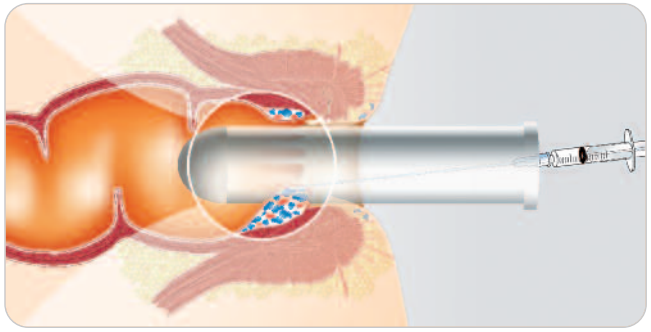
Sclerotherapy and **banding** are two widely used treatments for the basic cause of the symptoms: they are used for 1st and 2nd degree haemorrhoidal disease (sometimes 3rd).

Both can be carried out on an outpatient basis.

Sclerotherapy (injection treatment)

Sclerotherapy is a safe and very effective treatment.

Through the opening of a proctoscope the doctor injects a liquid "sclerosing" agent directly into the (submucosal) haemorrhoids or into the region around the supply vessels. This has the desired effect of causing a reaction in the tissues, the haemorrhoids shrink and become fixed to the underlying tissue.
By this means, your symptoms will disappear.
Sclerotherapy has proved itself in the treatment of haemorrhoidal disease over many years (and, incidentally, it is also used successfully in the treatment of varicose veins).

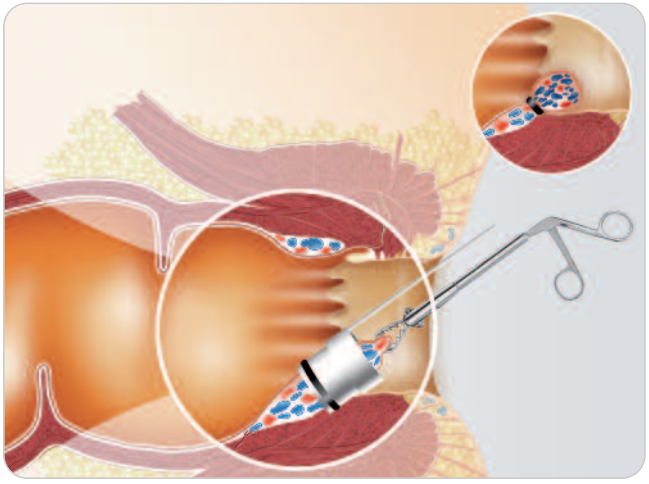


No anaesthetic or sedation is needed, as sclerotherapy is not painful when performed expertly. Often you will not even notice it. That is because the human body has no pain nerves in the area where the injection is given and so you cannot feel anything.
This treatment preserves the haemorrhoids cushion that is needed for the proper closure of the anus.
Sclerotherapy takes only a few minutes and you can resume normal activities directly afterwards without a problem.
It may be necessary to perform a further treatment after an interval of a few weeks.

Banding (rubber band ligation)

Banding involves grasping the haemorrhoids with special forceps or a suction instrument and then binding them round with an elastic band.
This shuts off the blood supply to the haemorrhoids and the sealed-off tissue dies. The dead tissue drops off after about four to ten days and is passed out with the stools.

Similarly, it may also be necessary here to have several sessions at intervals of three to four weeks.



Operation

If you go to the doctor early enough, in most cases you can avoid an operation.
In very advanced cases, however, the haemorrhoids have to be removed under anaesthetic by an operation. Because there is a higher rate of complications and care is needed for the wound and the relief of pain, it has to be carefully decided whether the haemorrhoids operation should be performed on an outpatient or an inpatient basis. Patients may be unfit for work for up to two weeks after the operation.

WHAT CAN YOU YOURSELF DO AGAINST HAEMORRHOIDAL DISEASE?

Haemorrhoidal disease is a chronic illness – that is to say, you have to reckon with recurring symptoms. Therefore in the future you should avoid all those lifestyle habits that favour the development of haemorrhoidal disease (see the list of risk factors).

This is the first step towards preventing or improving your symptoms!

What you should do >>>>

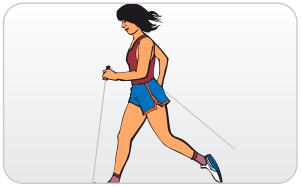
Take more exercise

Even if you have to spend much of the day sitting in the office, you should move about between times as much as possible: avoid using the lift, use the stairs instead. If possible leave your car at home and go on foot sometimes.

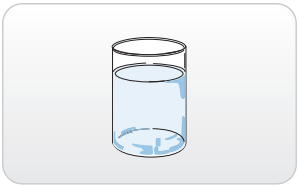
Even when you are sitting down, you can still do exercises with your anal muscles: clench your back passage tightly closed, as if you are trying to prevent your stool passing, count up to five and then relax again. Repeat the exercise about 30 times, several times a day if possible. Success depends on regular long-term training!

Take part in sport

Gymnastics, nordic walking, rambling, cycling and swimming are recommended. Jogging and tennis, on the other hand, are less advisable, because here the underneath (floor) of your pelvis has to bear stronger loads, which can increase the symptoms.



Keep to a healthy diet



Watch your weight and eat foods rich in fibre:

muesli and other wholegrain cereals, bran, wholemeal bread, wholemeal crispbread, wholemeal pasta, vegetables (beans, peas, lentils, carrots, celery, all types of cabbage, fennel) and fruit (particularly rhubarb, apples, pears and dried fruit such as dates, figs and prunes) and salads.
Cut down your intake of: white bread, cakes, biscuits and chocolate. This type of diet should produce a regular, formed stool, neither too hard, nor too soft.

Also, you should avoid strongly spiced dishes.

It is vital that you drink lots of fluid (two litres a day).
On the other hand, alcohol and coffee should be taken in moderation.

If possible, do not take any laxatives because these can make the bowel lazy, which can similarly lead to haemorrhoidal disease.

Do what your bowel is telling you

If you feel that you need to open your bowels, you ought to go to the toilet right away because postponing emptying your bowel makes the stools firmer and tends to cause constipation.

Take your time when opening your bowels, sitting on the toilet in a relaxed and comfortable position, slightly bent forwards. However, you must not have a "session" with a newspaper or a book, as your whole weight is bearing onto the lower regions during the long "sitting", thus pressing on the haemorrhoids.

You should not need longer than three minutes altogether for your bowel action.
Try not to force the bowels by pushing down strongly on the toilet and, above all, avoid pushing longer after the stools have been passed: that stresses the tissues badly and makes the haemorrhoids worse.

Correct anal hygiene

Wear loosely fitting underwear made of a fabric that is absorbent and lets the air through. Cotton is particularly suitable, but you should avoid man-made fibres.

The anal region should be cleansed with lukewarm water at least every evening, but also, if possible, every time the bowels are opened (hipbath, bidet or shower). Do not use soap or shampoos, as these destroy the natural layer of protection on the skin and thus lead to skin damage.

Avoid rubbing when drying yourself, try and gently dab yourself dry instead.

For use when travelling, experts recommend cellulose tissues (handkerchiefs). After using toilet paper, the anal region should be cleansed with a moistened cellulose tissue and then dried off with a fresh cellulose tissue.

If you have further questions, please ask your doctor.

This advice for patients cannot be a substitute for a consultation with your doctor.

Practice stamp

Tips for patients from the leading producer of sclerosing agents for haemorrhoidal disease:

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