HAEMORRHOIDS – A COMMON DISEASE

WHAT ARE HAEMORRHOIDS?

Where the rectum joins the anal canal, 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.

ANATOMY OF THE RECTUM

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).

FOUR DEGREES OF THE CONDITION CAN BE DISTINGUISHED, DEPENDING ON SEVERITY:

1st degree haemorrhoidal disease
2nd degree haemorrhoidal disease
3rd degree haemorrhoidal disease
4th degree haemorrhoidal disease

WHAT ARE THE SYMPTOMS OF HAEMORRHoidal DISEASE?

- Bright red bleeding (drops of blood in the toilet bowl, coating of blood on the stools or on the toilet paper)
- Itching, burning, stinging pain, wetness
- Inflamed skin around the anus (perianal)
- Foreign body sensation, feeling of incomplete emptying of the bowels
- Prolapse of the haemorrhoids from the anus (prolapse)
- Uncontrolled leakage of stool (faecal incontinence) in severe cases

HOW DOES THE DOCTOR DIAGNOSE HAEMORRHoidal DISEASE?

RECTAL EXAMINATION (PALPATION WITH THE FINGER)

The doctor will insert a finger to palpate the rectum. He will say the doctor can feel any mobility changes or any swelling and can check the tone of the muscles that close the anus. It is not usually possible to actually feel haemorrhoids, so it might be necessary to look inside the back passage with an instrument.

PROCTOSCOPE/RECTOSCOPE

The examination of the anal canal and rectum is performed with special instruments (proctoscope or rectoscope). These are narrow, stiff tubes of different lengths that are carefully inserted into the anal canal or rectum. The doctor can then examine the inside of the last part of the intestine for any abnormalities and check whether you have haemorrhoids.

WHAT CAN YOU DO AGAINST HAEMORRHoidal DISEASE?

TREATMENT OF HAEMORRHoidal DISEASE

COMMONLY USED METHODS OF TREATMENT FOR 1ST AND 2ND DEGREE HAEMORRHoidal DISEASE

SCLEROTHERAPY (OBSTRUCTION)

Sclerotherapy is a highly effective method that can be performed on an outpatient basis. Through the opening of a proctoscope the doctor injects a liquid “ sclerosing” agent directly into the haemorrhoidal tissue or into the haemorrhoidal vein into the region around the supply vessels. This has the desired effect of causing a reaction in the tissue, the haemorrhoid shrinks and then becomes fixed to the surrounding tissue. Treatment is easy and painless when performed properly. There is because the human body has no pain nerves in this area where the injection is given and so you cannot feel anything.

BANDING (RUBBER BAND LIGATION)

Banding involves grasping the haemorrhoids with special forceps or a suction instrument and then pulling them back with a special band. This cuts off the blood supply to the haemorrhoids and the vein of tissue dies. The dead tissue drops off after about four to ten days and is passed out with the stools.

RISK FACTORS:

Haemorrhoids are caused or exacerbated by congenital weakness of connective tissue and various risk factors such as:

- Congenital weakness of connective tissue
-心

OPERATION:

If you go to the doctor early enough, in most cases you can avoid an operation. In very advanced stages, however, the haemorrhoids have to be removed as an operation by an operator.