

Haemorrhoids

Information and treatment options

What are haemorrhoids

Haemorrhoids are normal cushions of blood vessels and supporting tissue around the anus. They help seal the anal canal. They can cause symptoms when they enlarge, bleed or slip down.

Internal haemorrhoids lie inside the anal canal. They may bleed or come out through the anus (prolapse), especially when opening your bowels.

External haemorrhoids lie under the skin around the opening. A blood clot can form here, causing a suddenly painful lump called a thrombosed external haemorrhoid.

Common symptoms

- Bright-red blood on the paper, on the stool or in the toilet bowl.
- Tissue coming out of the anus, swelling or a lump around the opening.
- Itching, irritation, mucus discharge or difficulty cleaning.
- Discomfort, or sudden pain if an external haemorrhoid develops a clot.

Internal haemorrhoids are not usually severely painful. Other conditions can cause pain, lumps or bleeding, so examination is important.

Do I need a colonoscopy

Not everyone with haemorrhoids needs a colonoscopy (a camera examination of the large bowel). However, haemorrhoids are not the only possible cause of bleeding.

I will consider your symptoms, age, bowel screening history and any previous colonoscopy. Changes in bowel habits, low iron or anaemia, unexplained weight loss and abdominal symptoms may warrant investigation. Your history of polyps or bowel disease and family history of bowel cancer also matter.

A bowel screening stool test does not replace investigation of visible bleeding or other bowel symptoms, even if the result is negative.

Improving bowel habits

Conservative treatment is usually the first step and remains helpful after a procedure. Aim for soft, formed stools that pass easily.

- Increase fibre gradually through food or a supplement. Drink enough fluid to keep stools soft, within any prescribed fluid restriction.
- Avoid straining and long periods on the toilet. Go when you feel the urge, and exercise regularly.
- A stool softener or laxative may help constipation. Warm baths and short-term creams may ease symptoms; ask which products are suitable.

These measures may control symptoms without surgery.

Choosing a treatment

I will help you choose the treatment that best suits your symptoms and priorities.

Banding cuts off the blood supply to an internal haemorrhoid, which shrinks and falls away. It can be done in the clinic or during colonoscopy, usually without a general anaesthetic. Temporary discomfort or minor bleeding can occur. Banding does not treat external haemorrhoids.

Haemorrhoidal artery ligation ties off supplying arteries with stitches, usually under general anaesthetic. Prolapse may be lifted with stitches (mucopexy). Pain is usually less than after haemorrhoidectomy, but symptoms are more likely to return.

Haemorrhoidectomy removes the haemorrhoids, usually under general anaesthetic. This is generally the most definitive option. Risks include bleeding, difficulty passing urine, infection, narrowing and, rarely, altered bowel control. Recurrence is possible.

COLORECTAL AND GENERAL SURGEON

A suddenly painful external clot may settle with pain relief and bowel care. Selected patients benefit from early removal; the choice depends on pain, timing and examination.

Treatment	Best suited to	Recovery	Main trade-off
Conservative	First step for most	No procedure downtime	May not control prolapse
Banding	Internal bleeding or smaller prolapse	Usually a short recovery	May need repeating
Artery ligation	Internal bleeding and prolapse	Usually quicker than haemorrhoidectomy	Higher recurrence than haemorrhoidectomy
Haemorrhoidectomy	Large, mixed internal and external, or recurrent haemorrhoids	Painful; allow several weeks	More pain and time off work

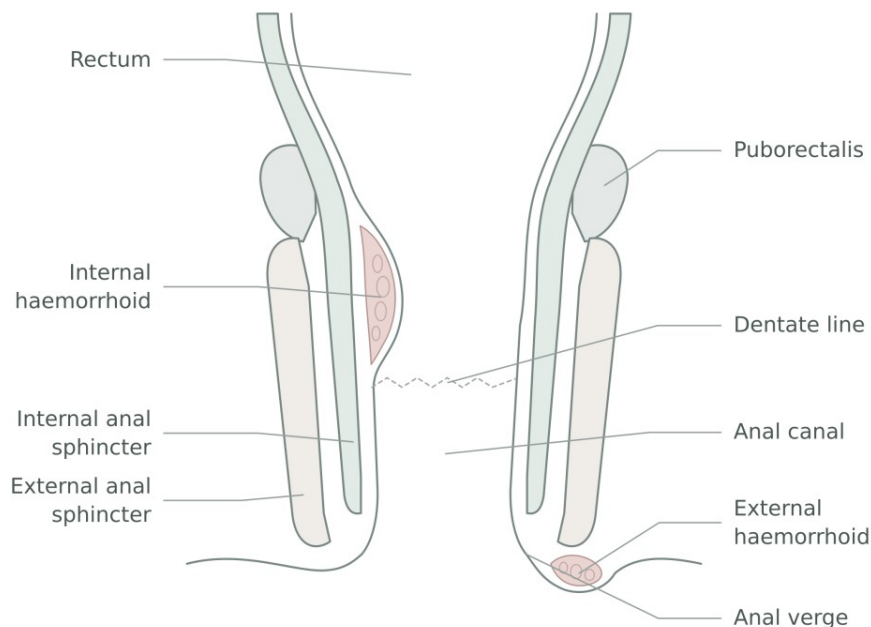
Recovery and when to seek help

Follow your pain relief and bowel-care plan and keep your planned review. Tell me about blood-thinning medicines before any procedure. Do not stop them yourself; I will agree a safe plan with you and the prescriber.

Bleeding after banding can be delayed for around 1-2 weeks. Heavy or persistent bleeding, severe or increasing pain, fever, difficulty passing urine or feeling unwell need urgent assessment. Contact the surgical team or attend an emergency department if you cannot reach them promptly.

My treatment plan

Treatment / bowel care / medicines / recovery and review



Simplified view of the anal canal showing internal and external haemorrhoids.

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