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## HEMORRHOIDS AND ANAL FISSURES

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### What are they?

- Hemorrhoids, or “piles,” are swollen or dilated veins of the rectum or anus. Hemorrhoids may be located just inside the anal canal (internal hemorrhoid), or surrounding the anal opening (external hemorrhoids). Hemorrhoids may be present for years but go undetected until bleeding occurs.
- Anal fissures are tears of the sensitive mucosal lining of the anus.

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### What are the signs and symptoms?

With internal hemorrhoids, the only symptom may be rectal bleeding. Bright red blood may appear as streaks on toilet paper or stool, or bright red blood that drips into the toilet following bowel movements. Other symptoms include a lump that can be felt around the anus with or without associated pain (usually from external hemorrhoids), or itching or mucus discharge after bowel movements. Hemorrhoids generally last several days and often recur.

Anal fissures often cause pain during and after a bowel movement, sometimes followed by throbbing pain for several hours. They are also often associated with itching and blood on toilet tissue, in the bowl, or on the surface of the stool.

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### What causes them?

Hemorrhoids are presumed to be caused by repeated pressure in the anal and rectal veins. Anal fissures are caused by trauma to the anal canal usually during bowel movements. Anal fissures are also sometimes caused by inflammatory bowel disease or infection. Other contributing factors include constipation, excessive straining during bowel movements, prolonged sitting, pregnancy, obesity, loss of muscle tone due to old age, rectal surgery or episiotomy, alcoholism with cirrhosis (liver disease), anal infection, anal intercourse, and colon malignancy.

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### Diagnosis

Diagnosis is usually made by taking a careful history and examination of the anal area, which may include an anoscopy (visual examination of the anus by means of a short tube called an anoscope). Sometimes patients are referred to a colorectal surgeon or gastroenterologist who may perform a sigmoidoscopy (a method of examining the rectum and lower part of the colon using an optical instrument with a lighted tip).

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### How are they treated?

Treatment is aimed at easing the symptoms.

- To relieve pain, sit in 8 to 10 inches of warm water (sitz baths) for 10 to 20 minutes several times a day.
- To reduce pain and swelling of a blood clot or protruding hemorrhoid, apply ice packs to the anal area for a few minutes.
- After a bowel movement, it may be less irritating and painful to wipe with cotton balls soaked in water, rather than toilet paper. Tucks™ pads or the generic equivalent are also a helpful choice.
- For minor pain or itching, or to reduce swelling, you may use over-the-counter topical creams/ointments or suppositories containing cortisone and formulated to relieve symptoms of hemorrhoids.
- Over-the-counter rectal wipes and ointments containing zinc oxide soothe the irritated area.
- Commercially available stool softeners can be used if needed, but laxatives should be avoided because they can be irritating.
- Try to avoid hemorrhoid remedies promising to anesthetize the pain (names often end in “-caine”) as they may cause even more irritation with prolonged use.
- Injection, cautery, or surgery may be required in stubborn cases.

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### Complications

- Iron-deficiency anemia, if blood loss is significant.
- Severe pain caused by a blood clot in a hemorrhoid.
- Infection or ulceration of a hemorrhoid.

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### Prevention

The key to prevention is proper diet and habits to produce softer stools, thus reducing the need to strain.

- Add plenty of fiber to diet (fruits, vegetables, legumes, and whole grains).
  - Drink plenty of fluids (8 to 10 glasses of water daily).
  - Don't hurry or strain to push bowel movements, but avoid prolonged toilet sitting.
  - Avoid vigorous wiping after bowel movements (to decrease irritation).
  - Lose weight, if overweight.
  - Exercise regularly.
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