University Hospitals Dorset
NHS Foundation Trust

Diagnosis and treatment of haemorrhoids

Gastroenterology Department Patient information

What are haemorrhoids?

The anal canal, just inside the entrance to your bottom, is lined with tissue (flesh) which forms small swellings called anal cushions. These help to control the passage of stool (poo) or flatus (wind), and are vital to maintaining continence. They have a rich blood supply, which helps them to swell when needed to help you keep stool and flatus in, and let it out when you want to. When these cushions become damaged, haemorrhoids (piles) can result, and these may cause fresh red bleeding and sometimes pain.

How common are haemorrhoids?

It is estimated that at least a third to half of us in the UK will develop haemorrhoids in our lifetimes. It is thought that it is a common problem, but since it is a condition which few people like to talk about, it is often not reported. Many people put up with haemorrhoids and treat themselves. However, it is important to check that haemorrhoids are the cause of symptoms such as bleeding and pain, and to rule out other causes, such as splitting of the skin (anal fissures), polyps or cancer.

What causes haemorrhoids?

While the exact cause of haemorrhoids is not known, it is thought that the soft tissue of the anal cushions degenerates as we get older. The tissue shifts in position, and with its rich blood supply, can give rise to bleeding, and / or swelling and pain if the haemorrhoids protrude below the anal sphincters (rings of muscle which help to control the passage of stool and flatus). Constipation, passing hard stools, straining at stool or sitting on the toilet for long periods can make it more likely that you will develop haemorrhoids. This is because they increase pressure on the affected area. Increased pressure in the abdomen has a similar effect; it is not uncommon to develop haemorrhoids during pregnancy.

How are haemorrhoids diagnosed?

Most people who seek advice about haemorrhoids do so after noticing fresh red blood on tissue when wiping, or dripping into the pan of the toilet. You may also have noticed a soft lump around the anus. Your GP can identify haemorrhoids by examining your bottom, checking the outside and feeling inside with a finger (a digital examination). They may also use instruments such as a proctoscope or rigid sigmoidoscope, which allow the doctor to visually inspect the anus and rectum.

In the Endoscopy Department, a flexible sigmoidoscope may be used. This is a smooth, flexible tube with a camera on the tip which allows the endoscopist to examine the left side of your colon (large bowel). This can help to rule out other problems which may give rise to bleeding, pain or changes in your bowel habit. It also allows the endoscopist to identify the presence of haemorrhoids and assess, or ‘grade’ them. Once haemorrhoids have been identified, the doctor can give you the best advice about how to manage them, and what treatments may be required.

How are haemorrhoids graded?

Grade 1 haemorrhoids: These are internal (inside the anus), and do not protrude or prolapse (stick out). They are visible on examination with a proctoscope, or during flexible sigmoidoscopy. They may cause fresh red bleeding when stool is passed.

Grade 2 haemorrhoids: These may prolapse (stick out) outside the anus when you open your bowels or strain, but reduce (withdraw back inside) on their own afterwards. You may be able to feel this happening, and may pass fresh red blood when you go to the toilet.

Grade 3 haemorrhoids: These prolapse when you strain to pass a stool, and do not reduce unless you push them back inside. You may be aware of this happening, and may notice bleeding and experience pain if the haemorrhoid becomes inflamed.

Grade 4 haemorrhoids: These prolapse and do not reduce, remaining outside the anus. They may cause bleeding, discharge of mucus and pain, and can be generally uncomfortable. In some cases they may become strangulated or thrombosed (as blood becomes trapped within them and cannot return); this can be very painful and may lead you to seek urgent treatment.

How are haemorrhoids treated?

Haemorrhoids may not cause any symptoms at all, and may not require any treatment. Some people find it helpful to use creams or suppositories to reduce pain, itching or swelling. Treatment is aimed at avoiding constipation by increasing your intake of fibre and drinking more fluid, to make your stool softer and easier to pass. Avoiding medicines which can cause constipation or taking fibre supplements such as Fybogel, or stool softeners can help. Your GP or pharmacist can advise you about this. These measures help to prevent you from straining when opening your bowels.

Grade 1 and 2 haemorrhoids do not usually cause any pain, and may not require any treatment beyond that advised above. If the bleeding is frequent, or problematic (for example, staining your underwear), the endoscopist may recommend rubber band ligation. This is an effective form of treatment which gives good long-term results and may be performed in the Endoscopy Department or in the Out Patient's department at a later date. The haemorrhoid is drawn into an applicator tube using suction or forceps, and a small rubber band is applied over the haemorrhoid and left in place. This cuts off the blood flow to the haemorrhoid tissue and causes it to drop off, usually within three to seven days. Sclerosant injection is no longer routinely recommended for the treatment of haemorrhoids. Surgical options may be considered.

Grade 3 haemorrhoids may be treatable with rubber band ligation, however, your endoscopist may recommend an operation to remove them (surgical haemorrhoidectomy).

Grade 4 haemorrhoids tend to require surgical treatment to remove them (haemorrhoidectomy), or haemorrhoidal artery ligation where the blood vessel supplying the haemorrhoid tissue is tied off. If surgical treatment is thought to be necessary you will be referred to a surgeon for further advice and assessment.

When should I seek further advice?

You should tell your GP if your haemorrhoids cause symptoms that you find difficult to manage, such as increased bleeding or pain. Your GP can refer you to the Endoscopy Department or arrange for a consultation with a surgeon if necessary. You should always tell your GP if you develop new symptoms, such as passing blood which is mixed with stool, passing darker or altered blood or pain, as further investigations may be required.

For further advice contact:

Royal Bournemouth Hospital Endoscopy Department: 0300 019 4668 (Mon-Fri, 8am-6pm)

Poole Hospital Endoscopy Department: 0300 019 2772 (Mon-Fri, 8am-6pm)

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