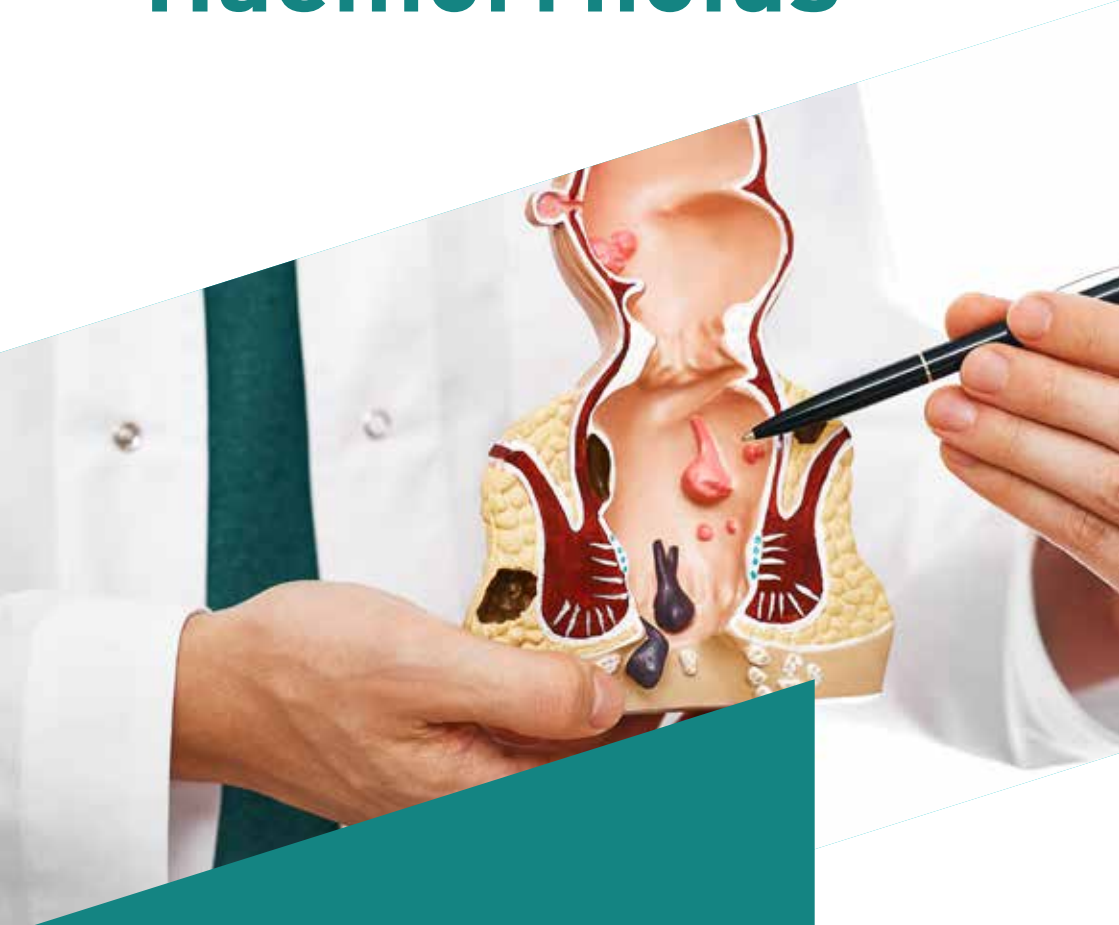


# Outpatient treatment for **Haemorrhoids**



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## In brief

- A haemorrhoid is a protrusion of the mucous membrane on the inside of the intestine, just in front of the anus.
- A haemorrhoid can sometimes cause bright red blood loss in the stool.
- Haemorrhoids are caused by high pressure around the anus, for example by straining.
- Make sure your stools are soft.
- Therefore, drink 1.5 to 2 litres of fluids per day.
- Get enough exercise, half an hour a day or more.
- Eat a fibre-rich diet: wholewheat bread, wholewheat pasta, brown rice, beans, peas, lentils, vegetables, and fruit.

# Symptoms

Haemorrhoids can cause the following symptoms:

- Loss of some bright red blood and/or mucus in the stool
- Pain
- A feeling of pressure due to the protrusion of a haemorrhoid
- Unexpected loss of a small stool

In some people, haemorrhoids cause itching or a burning sensation around the anus.

# Causes

Haemorrhoids are caused by high pressure around the anus.

The pressure can be caused by straining hard (such as during defecation or during childbirth) or by prolonged coughing.

Haemorrhoids are harmless and often disappear on their own.

# What can you do about haemorrhoids yourself?

- Make sure you have regular bowel movements and soft stools. You will strain less and you have less chance of symptoms.
- Drink 1.5-2 litres of fluids per day.
- Get enough exercise, half an hour a day or more.

- Eat fibre-rich food. Brown bread, bran, vegetables, and fruits contain a lot of fibre. Fibre holds moisture and ensures that the stool remains soft.
- Go straight to the toilet if you feel the urge; holding it makes the stool hard. Straining hard is not good, the stool must 'pass' easily.
- In case of irritation or itching around the anus, it is better not to use rough toilet paper, but a wet cloth and then pat the anus dry. Do not use moist toilet paper containing alcohol or perfume.
- Sometimes the pain can be reduced if you gently push in any protrusions that are poking out.

## Tests

A proctoscopy (= looking in the anus) is an examination to diagnose haemorrhoids. The surgeon will often choose to treat the haemorrhoids directly with rubber band ligation.



# Treatment

The treatment of haemorrhoids is often conservative (= no surgery).

## Ointments

- The following remedies can relieve your haemorrhoid symptoms.
- Vaseline Cetomacrogol cream, zinc sulphate Vaseline cream or zinc oxide suppositories for itching and irritation (all twice a day and after every stool)
- Lidocaine Vaseline cream in case of pain or burning itching (twice a day and after every bowel movement, for a maximum of four weeks),
- Diltiazem HCL 2% cream 50 grams (twice a day and after each bowel movement)

## Laxatives

In addition to following the advice, there are also medicines to soften the stool. For example, lactulose or macrogol (Movicolone).

## Pain relief

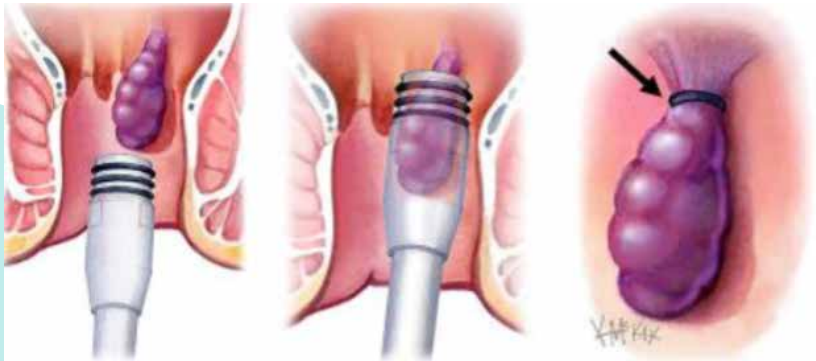
A simple painkiller is generally sufficient for the pain (for example Paracetamol or Diclofenac).

# Outpatient visit

Your surgeon will see you at the outpatient clinic after 6-8 weeks to evaluate the treatment and repeat it if necessary.

## Rubber band ligation (Barron ligation)

In rubber band ligation, small rubber bands are placed around the base of the haemorrhoid. After a few days, this tissue dies off on its own. This method is also virtually painless. After treatment of the haemorrhoids by rubber band ligation, you may experience a feeling of urgency to go. Avoid straining as much as possible. If pain occurs, it is best to take a lukewarm bath and repeat this a few times if necessary. Usually the treatment has to be repeated several times with an interval of about 8 weeks to obtain a satisfactory result.



## Duration

After about 8 weeks there should be an improvement in symptoms. If there is no improvement in symptoms, rubber band ligation can be repeated. If the haemorrhoids persist after several treatments, surgery can be considered, such as a classic haemorrhoidectomy or a PPH which is a Procedure for Prolapse and Haemorrhoids.

## Complications after rubber band ligation

- Pain due to clotted haemorrhoid (2.1%)
- Rubber band release (1.0%)
- Mild bright red rectal bleeding (0.6%)
- Rubber band associated ulcer (0.4%)

## When to contact?

- If the protrusion near the anus is very swollen and hurts a lot
- If there is a persistent large amount of bright red blood loss



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