

Hemorrhoids Information, Pictures, Treatments, and Cures

By Rick Shacket DO, 1989 ©

Hemorrhoids are cushions of tissue and varicose veins located in and around the rectal area. When they become inflamed, hemorrhoids can itch, bleed, and cause pain. Unfortunately a hemorrhoidal condition only tends to get worse over the years. That is why safe, gentle, and effective treatment for hemorrhoids is recommended as soon as they occur.

Hemorrhoids bother about 89% of all Americans at some time in their lives. Hemorrhoids caused Napoleon to sit side-saddle, sent President Jimmy Carter to the operating room, and benched baseball star George Brett during the 1980 World Series. Over two thirds of all healthy people reporting for physical examinations have hemorrhoids.

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Pictures: Hemorrhoids and Anal Fissure



Internal hemorrhoids occur higher up in the anal canal, out of sight. Bleeding is the most common symptom of internal hemorrhoids, and often the only one in mild cases. View hemorrhoid [gallery](#) for detailed photos.



External hemorrhoids are visible-occurring out side the anus. They are basically skin-covered veins that have ballooned and appear blue. Usually they appear without any symptoms. When inflamed, however, they become red and tender. View hemorrhoid [gallery](#) for detailed photos.



Sometimes, internal hemorrhoids will come through the anal opening when straining to move your bowels. This is called a **prolapsed internal hemorrhoid**; it is often difficult to ease back into the rectum, and is usually quite painful. View hemorrhoid [gallery](#) for detailed photos.



When a blood clot forms inside an external hemorrhoid, it often causes Severe pain. This **thrombosed external hemorrhoid** can be felt as a firm, tender mass in the anal area, about the size of a pea. View hemorrhoid [gallery](#) for detailed photos.



Anal fissure. A thin slit-like tear in the anal tissue, an anal fissure is likely to cause itching, pain, and bleeding during a bowel movement. For more detailed information, view our page on [Anal Fissure](#).

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What Are Hemorrhoids?

The term hemorrhoids refers to a condition in which the veins around the anus or lower rectum are swollen and inflamed. Hemorrhoids may result from straining to move stool. Other contributing factors include pregnancy, aging, chronic constipation or diarrhea, and anal intercourse. Hemorrhoids are both inside and above the anus (internal) or under the skin around the anus (external). Hemorrhoids (piles) arise from congestion of internal and/or external venous plexuses around the anal canal. For more detailed about information, about the concepts of hemorrhoidal anatomy, and how the hemorrhoidal problem develops, view our video on Overview: [Anatomy of Prolapse and Hemorrhoids](#). Get > [Real Player](#)

Hemorrhoids are classified into four degrees, depending on severity, so that they can more easily be evaluated for possible surgery. For more detailed information, view our page [Surgical Classification of Hemorrhoids](#).

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What Are the Symptoms of Hemorrhoids?

Many anorectal problems, including fissures, fistulae, abscesses, or irritation and itching (pruritus ani), have similar symptoms and are incorrectly referred to as hemorrhoids. Hemorrhoids usually are not dangerous or life threatening. Rarely, a patient can have bleeding so severe, that severe anemia or death may occur. In some cases, hemorrhoidal symptoms simply go away within a few days. But in most cases, hemorrhoidal symptoms eventually return, often worse than they were before. Although many people have hemorrhoids, not all experience symptoms. The most common symptom of internal hemorrhoids is bright red blood covering the stool, on toilet paper, or in the toilet bowl. However, an internal hemorrhoid may protrude through the anus outside the body, becoming irritated and painful. This is known as a protruding hemorrhoid. Symptoms of external hemorrhoids may include painful swelling or a hard lump around the anus that results when a blood clot forms. This condition is known as a thrombosed external hemorrhoid. In addition, excessive straining, rubbing, or cleaning around the anus may cause irritation with bleeding and/or itching, which may produce a vicious cycle of symptoms. Draining mucus may also cause itching.

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How Common Are Hemorrhoids?

Hemorrhoids are very common in both men and women. About half of the population have hemorrhoids by age 50. Hemorrhoids are also common among pregnant women. The pressure of the fetus in the abdomen, as well as hormonal changes, cause the hemorrhoidal vessels to enlarge. These vessels are also placed under severe pressure during childbirth. For most women, however, hemorrhoids caused by pregnancy are a temporary problem.

How Are Hemorrhoids Diagnosed?

A thorough evaluation and proper diagnosis by the doctor is important any time bleeding from the rectum or blood in the stool occurs. Bleeding may also be a symptom of other digestive diseases, including colorectal cancer. The doctor will examine the anus and rectum to look for swollen blood vessels that indicate hemorrhoids and will also perform a digital rectal exam with a gloved, lubricated finger to feel for abnormalities. Closer evaluation of the rectum for hemorrhoids requires an exam with an anoscope, a hollow, lighted tube useful for viewing internal hemorrhoids, or a proctoscope, useful for more completely examining the entire rectum. To rule out other causes of gastrointestinal bleeding, the doctor may examine the rectum and lower colon (sigmoid) with sigmoidoscopy or the entire colon with colonoscopy. Sigmoidoscopy and colonoscopy are diagnostic procedures that also involve the use of lighted, flexible tubes inserted through the rectum.

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What Is the Treatment?

Medical treatment of hemorrhoids is aimed initially at relieving symptoms. Measures to reduce symptoms include · Warm tub baths several times a day in plain, warm water for about 10 minutes. · Application of a hemorrhoidal cream or suppository to the affected area for a limited time. Preventing of the recurrence of hemorrhoids will require relieving the pressure and straining of constipation. Doctors will often recommend increasing fiber and fluids in the diet. Eating the right amount of fiber and drinking six to eight glasses of fluid (not alcohol) result in softer, bulkier stools. A softer stool makes emptying the bowels easier and lessens the pressure on hemorrhoids caused by straining. Eliminating straining also helps prevent the hemorrhoids from protruding. Good sources of fiber are fruits, vegetables, and whole grains. In addition, doctors may suggest a bulk stool softener or a fiber supplement such as psyllium or methylcellulose. In some cases, hemorrhoids must be treated endoscopically or surgically. These methods are used to shrink and destroy the hemorrhoidal tissue. The doctor will perform the procedure during an office or hospital visit. A number of methods may be used to remove or reduce the size of hemorrhoids. [Painless non-surgical techniques](#), [lasers for hemorrhoids](#), [harmonic scalpel for hemorrhoids](#), and the use of hemorrhoid [medications](#) are discussed further in this web site.

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How Are Hemorrhoids Prevented?

The best way to prevent hemorrhoids is to keep stools soft so they pass easily, thus decreasing pressure, and to empty bowels without undue straining as soon as possible after the urge occurs. Exercise, including walking, and eating a [high fiber diet](#), help reduce constipation and straining by producing stools that are softer and easier to pass.

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Painless Techniques for the Treatment of Hemorrhoids

Major surgery for hemorrhoids can generally be avoided in favor of more sophisticated and often painless methods of treatment. Non-surgical methods of treatment are available to most patients as a viable alternative to a permanent hemorrhoid cure.

Bipolar Coagulation

Bipolar electrotherapy is applied for a directed coagulation effect of the mucous membrane near the hemorrhoid. Specialized Bipolar Circumactive Probes (BICAP) are effective for the treatment of bleeding internal hemorrhoids. Bipolar electrotherapy is applied for a directed coagulation effect of the mucous membrane near the hemorrhoid. Specialized probe designs are effective for the treatment of bleeding internal hemorrhoids. For more detailed information about how electric modalities are used in the treatment of hemorrhoids, view the [Electric Treatment Of Hemorrhoids](#).

HAL

Hemorrhoidal Arterial Ligation (H.A.L.) is performed using a modified proctoscope in conjunction with a Doppler ultrasound flowmeter. A needle and thread is passed beneath the

artery, and a knot is externally tied, to stop the blood flow to the hemorrhoid. [For more informaion on the HAL-RAR Method visit www.hemorrhoid.net.](http://www.hemorrhoid.net)

Hemorrhoidolysis

Therapeutic galvanic waves applied directly to the hemorrhoid, produces a chemical reaction that shrinks and dissolves hemorrhoidal tissue. This technique is most effective when it is used on internal hemorrhoids. Therapeutic galvanic waves applied directly to the hemorrhoid, produces a chemical reaction that shrinks and dissolves hemorrhoidal tissue. This technique is most effective when it is used on internal hemorrhoids. For more detailed information about how electric modalities are used in the treatment of hemorrhoids, view the [Electric Treatment Of Hemorrhoids](#).

Injection

To shrink the hemorrhoid and its blood vessels, medicine is injected into the mucous membrane near the hemorrhoid. This method is reserved for the smallest of hemorrhoids.

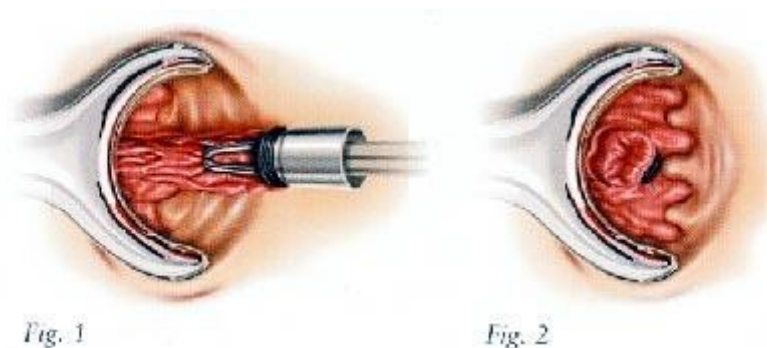
Photocoagulation

A device called a photocoagulator focuses infrared light into a fine point at the end of a probe, which spotwelds the hemorrhoid in place. This is used for hemorrhoids that are actively bleeding.

Rubber Banding

A special instrument fits a small rubber band over part of the hemorrhoid. A tight rubber band stops the blood flow into the pinched-off portion, which falls off in about a week. This technique is widely used for hemorrhoids protruding into the anal canal.

For patients with a lesser degree of prolapse, Rubber Band Ligation is currently the most widely used procedure in the United States for treatment of internal hemorrhoids. In this procedure, the hemorrhoidal tissue is pulled into a double sleeved cylinder to allow the placement of latex/rubber bands around the tissue. (fig. 1) Overtime, the tissue below the bands dies off and is eliminated during a bowel movement. (fig. 2)



Rubber band ligation can be performed in a doctor's office and requires little preparation. Often, however, there is the need for more than one procedure to resolve a patient's condition. Rubber band ligation is most effective when combined with a sclerotherapy injection for prolapse.

Super Freezing

A cryogenic device uses liquid nitrogen to super freeze the hemorrhoid. This causes the affected tissue to slough off, so that new healthy tissue can grow in its place. This technique is most effective when it is used on external hemorrhoids.

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HAL-RAR Method Hemorrhoidectomy

A product of A.M.I. (Agency for Medical Innovations) is the (DG) HAL/RAR® System. It is the first system to utilize minimally invasive surgical techniques to treat the source of hemorrhoidal disease without surgical excision, stapling or banding. It is a single system that offers two procedure options, (DG) HAL (Doppler Guided Hemorrhoidal Artery Ligation) and (DG) RAR (Doppler Guided Recto Anal Repair Proctoplasty).

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How many patients have been treated and what are the results?

Available to patients since 2001, the procedures have been successfully performed on tens of thousands of patients worldwide. Physicians report an institutional success rate of 93-96% in treating patients with grades II to IV disease. Complication rates are very low, and any complications that do occur, such as minor bleeding, thrombosis, and defecation pain, are very manageable.

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How long does the procedure take, will I be hospitalized, and when can I go back to work?

The procedure can take as little as twenty minutes and patients usually leave the same day. Most patients experience only minor pain and discomfort, and return to work the next day.

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What kind of care will I need before, during, and after the procedure? What medications will the doctor prescribe?

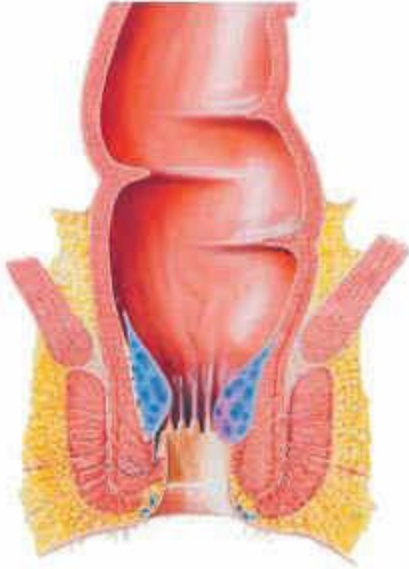
Discuss this in-depth with your physician as your age, weight, and physical condition will influence how you are medicated and managed during and after the procedure. Your surgeon may opt to forgo general anesthesia for conscious sedation. Again, you should discuss these options with your doctor. Results are variable but post-procedural pain medications are usually minimal and for limited duration.

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Grade 1 Through 4 Hemorrhoid Prolapse

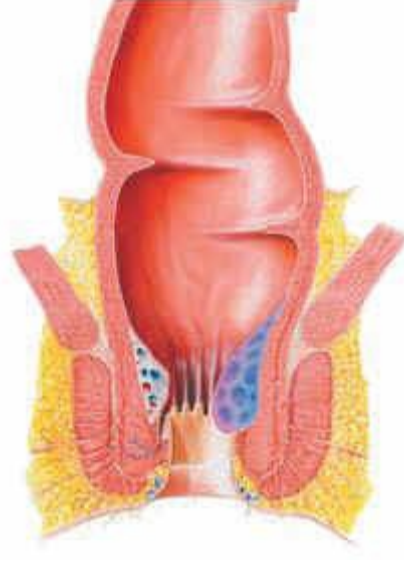
Grade 1 Prolapse

Hemorrhoid protrudes into the anal canal but does not prolapse outside the anus



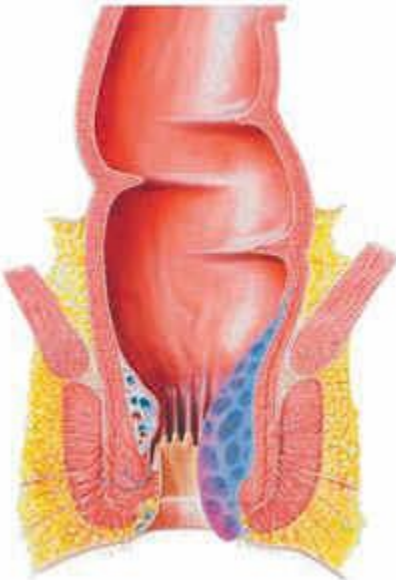
Grade 2 Prolapse

Hemorrhoid protrudes through the anus during straining or evacuation but returns spontaneously.



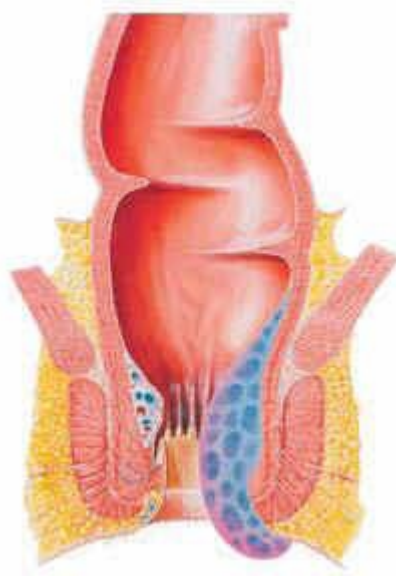
Grade 3 Prolapse

Hemorrhoid protrudes through the anus during straining or evacuation but needs to be manually returned to position



Grade 4 Prolapse

Hemorrhoid remains prolapsed outside the anus



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A.M.I. (DG) HAL/RAR® System

The (DG) HAL/RAR® System is the first system to utilize minimally invasive surgical techniques to treat the source of hemorrhoidal disease without surgical excision, stapling or banding. It is a singlesystem that offers two procedure options, (Doppler Guided) Hemorrhoidal Artery Ligation and Recto Anal Repair (Proctoplasty).

Features and Benefits:

Good control

- * Rapid identification of terminal branches of superior hemorrhoidal artery
- * Precise, accurate ligation
- * Immediate confirmation

Minimal discomfort

- * Minimally invasive surgery
- * Ligation sutures are placed 2-3 cm above dentate line
- * General or MAC sedation

High success rate

- * 90% or greater success rate
- * No major complications reported
- * Ratio of inflow to outflow drops significantly

HAL Doppler II System

Minimally-invasive treatment for lower grades of hemorrhoids.



Features and Benefits:

- Displays identified artery depth.
- Displays blood flow velocity in identified arteries.
- New: A built in printer generates a protocol on the number, position and depth of ligated arteries.
- Recto Anal Repair (RAR®) Proctoplasty (Mucopexy)

A mucopexy can be performed through the window of the (DG) HAL proctoscope to treat grades III and IV hemorrhoids.



Features and Benefits:

- No resection of mucosal tissue
- No severe complications reported

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A.M.I. HAL Method



The HAL Method - Doppler Guided Hemorrhoidal Artery Ligation Procedure

1. The patient is positioned in Lateral Recumbent or in a Lithotomy Position.
2. Ultra Sound Gel is put on the A.M.I. HAL-Doppler Proctoscope before it is fully trans-anally inserted and slowly/gently turned until a typical Doppler sound of arterial blood flow can be heard.
3. The identified arteries are ligated in a distance 3 to 4 cm proximal to the Dentate Line through the ligation window of the A.M.I. HAL-Doppler Proctoscope, thus reducing the blood inflow to the inner hemorrhoidal plexus.





Good control

- Rapid identification of terminal branches of superior hemorrhoidal artery
- Precise, accurate ligation
- Immediate confirmation
- Minimum discomfort
- Minimally invasive surgery
- Ligation sutures are placed 2-3 cm above dentate line
- General or MAC (Monitored Anesthesia Care) sedation
- High success rate
- 90% or greater success rate
- No major complications reported
- Ratio of inflow to outflow drops significantly



Performed on grades I-IV



[Click to view larger images.](#)

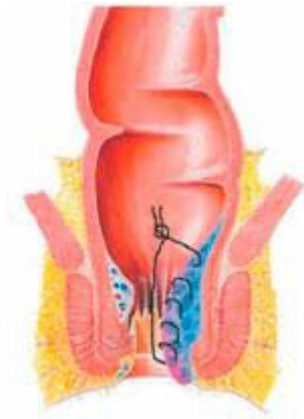
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A.M.I. RAR Method



The (DG) RAR Method – Doppler Guided Recto Anal Repair Proctoplasty (Mucopexy) Procedure

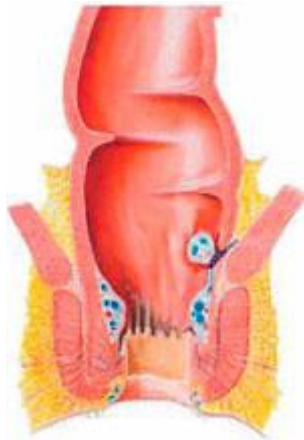
1. First, a running stitch is made from the top to the bottom. The device is so designed that only the prolapsing tissue is caught by the needle.
2. The ends of the thread are pulled together and knotted at the top. This has the effect of lifting up the hemorrhoids that are hanging down.
3. With this “lifting”, the hemorrhoids are back where they belong. The tissue scars over and integrates “seamlessly” back into the anal



tissue. The stitches are placed not in the anus but in the lower rectum, where there are almost no pain nerves. Patients report little discomfort or pain associated with these procedures.

Patient Satisfaction

- “93.75% of patients would recommend treatment with (DG) HAL/RAR® to a friend because of the level of pain and effectiveness”
- “91% of patients would ask for HAL treatment if necessary”
- Recovery normally takes just one to three days



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Surgical Classification of Hemorrhoids

Hemorrhoids (piles) arise from congestion of internal and/or external venous plexuses around the anal canal. They are classified, depending on severity, into four degrees. First degree hemorrhoids bleed but do not prolapse outside of the anal canal; second degree prolapse outside of the anal canal, usually upon defecation, but retract spontaneously. Third degree hemorrhoids require manual placement back inside of the anal canal after prolapsing, and fourth degree hemorrhoids consist of prolapsed tissue that cannot be manually replaced and is usually strangulated or thrombosed. Symptoms associated with hemorrhoids include pain, bleeding, puritus ani (itching) and mucus discharge. In IV degree prolapse, the area where the rectal mucous membrane meets the anal skin (the dentate line) is positioned almost outside the anal canal, and the rectal mucous membrane permanently occupies the muscular anal canal.



For more detailed about information, about the concepts of hemorrhoidal anatomy as applied to rectal surgery, view our video on [Overview: Anatomy of Prolapse and Hemorrhoids](#) > get [Real Player](#), an alternative approach to the surgical treatment of hemorrhoids. In order to explain the rational of the surgical procedure for prolapse and hemorrhoids it is helpful to take a moment to review some concepts of anatomy.

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Traditional Surgery

In many cases hemorrhoidal disease can be treated by dietary modifications, topical medications and soaking in warm water, which temporarily reduce symptoms of pain and swelling. Additionally, painless non-surgical methods of treatment are available to most of our patients as a viable alternative to a permanent hemorrhoid cure.

In a certain percentage of cases, however, surgical procedures are necessary to provide satisfactory, long-term relief. In cases involving a greater degree of prolapse, a variety of operative techniques are employed to address the problem.

Milligan-Morgan Technique

Developed in the United Kingdom by Drs. Milligan and Morgan, in 1937. The three major hemorrhoidal vessels are excised. In order to avoid stenosis, three pear-shaped incisions are left open, separated by bridges of skin and mucosa. This technique is the most popular method, and is considered the gold standard by which most other surgical hemorrhoidectomy techniques are compared.

Ferguson Technique

Developed in the United States by Dr. Ferguson, in 1952. This is a modification of the Milligan-Morgan technique (above), whereby the incisions are totally or partially closed with absorbable running suture.



A retractor is used to expose the hemorrhoidal tissue, which is then removed surgically. The remaining tissue is either sutured or is sealed through the coagulation effects of a surgical device.

Due to the high rate of suture breakage at bowel movement, the Ferguson technique brings no advantages in terms of wound healing (5-6 weeks), pain, or postoperative morbidity.

Conventional haemorrhoidectomy can be performed as a day-case procedure. But due to poor post-operative care in the community and high level of pain experienced after the procedure, an in-patient stay is often required (average of 3 days).

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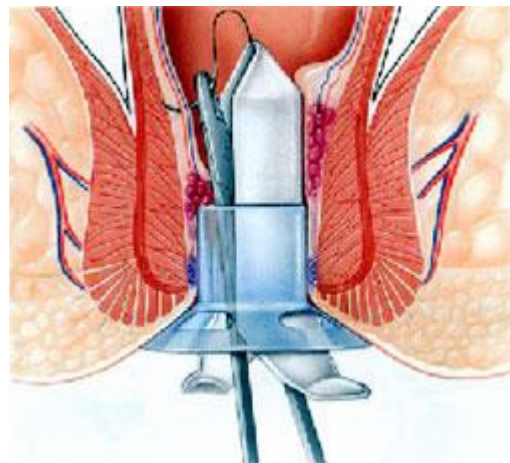
Stapled Hemorrhoidopexy (PPH Procedure)

Also known as Procedure for Prolapse & Hemorrhoids (PPH), Stapled Hemorrhoidectomy, and Circumferential Mucosectomy.

PPH is a technique developed in the early 90's that reduces the prolapse of hemorrhoidal tissue by excising a band of the prolapsed anal mucosa membrane with the use of a circular stapling device. In PPH, the prolapsed tissue is pulled into a device that allows the excess tissue to be removed while the remaining hemorrhoidal tissue is stapled. This restores the hemorrhoidal tissue back to its original anatomical position.



The introduction of the Circular Anal Dilator causes the reduction of the prolapse of the anal skin and parts of the anal mucous membrane. After removing the obturator, the prolapsed mucous membrane falls into the lumen of the dilator.



The Purse-String Suture Anoscope is then introduced through the dilator.

This anoscope will push the mucous prolapse back against the rectal wall along a 270° circumference, while the mucous membrane that protrudes through the anoscope window can be easily contained in a suture that includes only the mucous membrane. By rotating the anoscope, it will be possible to complete a purse-string suture around the entire anal circumference.

The Hemorrhoidal Circular Stapler is opened to its maximum position. Its head is introduced and positioned proximal to the purse-string, which is then tied with a closing knot.

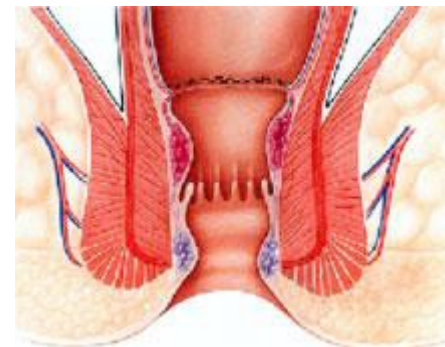


The ends of the suture are knotted externally. Then the entire casing of the stapling device is introduced into the anal canal. During the introduction, it is advisable to partially tighten the stapler.

With moderate traction on the purse-string, a simple maneuver draws the prolapsed mucous membrane into the casing of the circular stapling device. The instrument is then tightened and fired to staple the prolapse. Keeping the stapling device in the closed position for approximately 30 seconds before firing and approximately 20 seconds after firing acts as a tamponade, which may help promote hemostasis.



Firing the stapler releases a double staggered row of titanium staples through the tissue. A circular knife excises the redundant tissue. A circumferential column of mucosa is removed from the upper anal canal. Finally, the staple line is examined using the anoscope. If bleeding from the staple line occurs, additional absorbable sutures may be placed.



What are the Benefits of PPH over other Surgical Procedures?

- 1) Patients experience less pain as compared to conventional techniques.
- 2) Patients experience a quicker return to normal activities compared to those treated with conventional techniques.
- 3) Mean inpatient stay was lower compared to patients treated with conventional techniques.

What are the Risks of PPH?

Although rare, there are risks that accompany PPH:

- 4) If too much muscle tissue is drawn into the device, it can result in damage to the rectal wall.
- 5) The internal muscles of the sphincter may stretch, resulting in short-term or long-term dysfunction.
- 6) As with other surgical treatments for haemorrhoids, cases of pelvic sepsis have been reported following stapled haemorrhoidectomy.

7) PPH may be unsuccessful in patients with large confluent hemorrhoids. Gaining access to the anal canal can be difficult and the tissue may be too bulky to be incorporated into the housing of the stapling device.

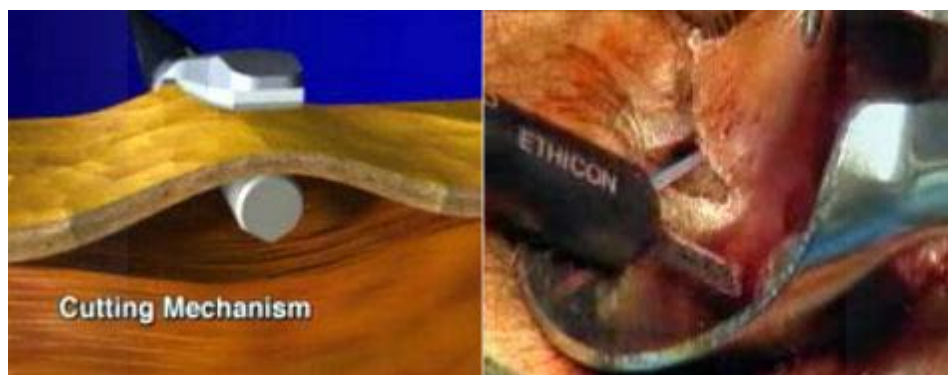
8) Persistent pain and fecal urgency after stapled hemorrhoidectomy, although rare, has been reported.

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The Harmonic Scalpel uses ultrasonic technology, the unique energy form that allows both cutting and coagulation of hemorrhoidal tissue at the precise point of application, resulting in minimal lateral thermal tissue damage. Because the Harmonic Scalpel uses ultrasound, there is less smoke than is generated by both lasers and electrosurgical instruments. The Harmonic Scalpel cuts and coagulates by using lower temperatures than those used by electrosurgery or lasers. Harmonic Scalpel technology controls bleeding by coaptive coagulation at low temperatures ranging from 50°C to 100°C: vessels are coapted (tamponaded) and sealed by a protein coagulum. Coagulation occurs by means of protein denaturation when the blade, vibrating at 55,500 Hz, couples with protein, denaturing it to form a coagulum that seals small coapted vessels. When the effect is prolonged, secondary heat is produced that seals larger vessels. Because ultrasound is the basis for Harmonic Scalpel technology, no electrical energy is conducted to the patient.

By contrast, electrosurgery coagulates by burning (obliterative coagulation) at temperatures higher than 150°C. Blood and tissue are desiccated and oxidized (charred), forming eschar that covers and seals the bleeding area. The reduced postoperative pain after Harmonic Scalpel hemorrhoidectomy compared with electrocautery controls, likely results from the avoidance of lateral thermal injury.



Harmonic Scalpel Applied to Tissue

Harmonic Scalpel Hemorrhoidectomy

The protein coagulum caused by the application of the Harmonic Scalpel is superior at sealing off large bleeding vessels during surgery. It has been my experience that this method is useful on large hemorrhoids that may bleed during surgery, thus minimizing blood loss and reducing the time needed for surgery.

For more detailed information, view our video on [Hemorrhoidectomy Using Harmonic Scalpel](#) > get [Real Player](#)

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Laser Surgery for Hemorrhoids

Skilled surgeons use laser light with pinpoint accuracy. The unwanted hemorrhoid is simply vaporized or excised. The infinitely small laser beam allows for unequaled precision and accuracy, and usually rapid, unimpaired healing.

The result is less discomfort, less medication, and faster healing. A hospital stay is generally not required. The laser is inherently therapeutic, sealing off nerves and tiny blood vessels with an invisible light. By sealing superficial nerve endings patients have a minimum of postoperative discomfort. With the closing of tiny blood vessels, your proctologist is able to operate in a controlled and bloodless environment.

Procedures can often be completed more quickly and with less difficulty for both patient and physician. Laser can be use alone or in combination with other modalities. For more detailed information on combining modalities in surgery, view our video on the performance of both a [Laser & Harmonic Scalpel Hemorrhoidectomy](#). Get > [Real Player](#)

A study of 750 patients undergoing laser treatment for hemorrhoids reported successful results of 98%. The patient satisfaction was 99%.

For more detailed information, view our page on [Published Laser Research](#).

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Atomizing Hemorrhoids

A new technique to remove hemorrhoids is called atomizing. The Atomizer™ is a medical device that was developed specifically to atomize tissue. The term "atomizing hemorrhoids" was coined because the hemorrhoids are actually reduced to minute particles into a fine mist or spray, which is immediately vacuumed away. An innovative waveform of electrical current and a specialized electrical probe, the Atomizer Wand™, was created for this purpose (patent pending).

With a wave of the Atomizer Wand, the hemorrhoids are simply excised or vaporized one or more cell layers at a time. The hemorrhoids are essentially disintegrated into an aerosol of carbon and water molecules. Using the Atomizer, the tissue is sculpted into a desired shape and smoothness. As a

result, the surgeon operates with minimal bleeding, and gets better homeostasis than with traditional electrosurgical techniques. With the Atomizer, the patient gets better postoperative results, and fewer anal tags than with traditional operative techniques.

In the United States, the Ferguson hemorrhoidectomy is considered the gold standard by which most other surgical hemorrhoidectomy techniques are compared. A clinical study at the Hemorrhoid Care Medical Clinic, of thirty patients, compared the traditional Ferguson hemorrhoidectomy with the CO2 laser hemorrhoidectomy, and the Atomizer hemorrhoidectomy, and revealed the following:

	<u>Atomizer</u>	<u>CO₂Laser</u>
Bleeding (perioperative):	↑↑ Less	↑ Less
Healing Time:	Same	Same
Pain:	↑ Less	↑ Less
Complications (i.e., skin tags)	↑↑ More	↑ Less
Costs:	↑ More	↑↑↑ More

Figure 1: Hemorrhoidectomy: Atomizing vs. the CO2 laser.

The results of atomizing hemorrhoids are similar to that of lasering hemorrhoids, except that there is less bleeding using the Atomizer, and the Atomizer cost less. In both procedures, it is noted that there is less discomfort, less medication, less constipation, less urinary retention, and a hospital stay is generally not required. Complications using the Atomizer are rare, and excellent results are typical.

Atomizing hemorrhoids is offered exclusively in Arizona.

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Complications of Hemorrhoid Surgery

Early Complications Include:

- 1) Severe postoperative pain, lasting 2-3 weeks. This is mainly due to incisions of the anus, and ligation of the vascular pedicles.
- 2) Wound infections are uncommon after hemorrhoid surgery. Abscess occurs in less than 1% of cases. Severe necrotizing infections are rare.
- 3) Postoperative bleeding.
- 4) Swelling of the skin bridges.
- 5) Major short-term incontinence.
- 6) Difficult urination. Possibly secondary to occult urinary retention, urinary tract infection develops in approximately 5% of patients after anorectal surgery. Limiting postoperative fluids may reduce the need for catheterization (from 15 to less than 4 percent in one study).

Late Complications Include:

- 1) Anal stenosis.
- 2) Formation of skin tags.
- 3) Recurrence.
- 4) Anal fissure.
- 5) Minor incontinence.
- 6) Fecal impaction after a hemorrhoidectomy is associated with postoperative pain and narcotic use. Most surgeons recommend stimulant laxatives, or stool softeners to prevent this problem. Removal of the impaction under anesthesia may be required.
- 7) Delayed hemorrhage, probably due to sloughing of the vascular pedicle, develops in 1 to 2 percent of patients. It usually occurs 7 to 16 days postoperatively. No specific treatment is effective for preventing this complication, which usually requires a return to the operating room for one or more stitches.

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Knowing What to Ask Your Surgeon

Before choosing the procedure you wish to have performed, there are questions you should ask the surgeon:

1. What types of procedures have they performed?
2. How many of each procedure have they performed?
3. Why are they recommending one particular procedure over another?
4. How long will the procedure take?
5. Will this procedure require a hospital stay and how long do they anticipate your hospital stay will last?
6. How long do they expect the recovery process to take?
7. How soon will you be able to return to "normal" activity?
8. Will having the procedure mean having to change how I live, work or eat?

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Allopathic Medication

An allopathic remedy treats a condition through antagonistic means, to stop the disease process.

Hydrocortisone cream and suppositories are the cornerstone of conservative medical treatment in proctology. By interfering with the body's natural immune response, this medicine helps with the inflammation of hemorrhoids, but cannot cure them.

Miscellaneous over the counter medications are used with varying degrees of success. They contain, in different proportions, an assortment of anesthetics, astringents, anti-inflammatory agents, and emollients.

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Herbal Medications

An herbal remedy is made from a medicinal plant or plants and used to prevent and treat diseases and ailments or to promote health and healing.

Barberry (*Berberis Aristata*) is a blood purifier that has also been used for hemorrhoids or piles. The unique qualities of berberine-rich plants lie in their ability to promote healthy intestinal microbial balance and normal liver and gallbladder function.

Butcher's Broom (*Ruscus Aculeatus*) is used to treat varicose veins and hemorrhoids. The vein-narrowing qualities of butcher's broom have been found to relieve discomfort associated with varicose veins and other circulatory conditions.

Horse Chestnut (*Aesculus Hippocastanum*) extract standardized for aescin or escin, seems to increase the strength and tone of the veins in particular. It has astringent and anti-inflammatory properties. It may be used internally to aid the body in the treatment of phlebitis, varicose veins, and hemorrhoids. Externally it may be used to treat the same conditions as well as for leg ulcers.

Neem (*Azadirachta Indica*, *Margosa*) . In the Ayurvedic tradition, neem is recommended for the treatment of hemorrhoids. It has been shown to have anti-bacterial, anti-inflammatory and pain-relieving properties. Neem helps to prevent hemorrhoids by promoting the elimination of waste, and avoiding constipation. Neem extract applied topically to external hemorrhoids is soothing, and helps control bleeding and itching.

Psyllium is a bulk laxative and demulcent used for the short-term treatment of constipation. Constipation can cause hemorrhoids and fissures to develop. It is also used to treat people with irritable bowel syndrome, diverticular disease, and hemorrhoids and to lower cholesterol in people with high cholesterol.

Slippery Elm (*Ulmus fulva*) softens and soothes internal or external inflamed bodily tissues, including hemorrhoids.

White Oak Bark (*Quercus Alba*) . Popular for its astringent qualities, White Oak Bark encourages tissue proteins to tighten, thus strengthening vascular walls. The oak tannin binds liquids, absorbs toxins, and soothes inflamed hemorrhoidal tissues. The inhibition of intestinal secretions may also help to resolve diarrhea.

Witch Hazel (*Hamamelis virginiana*) is a natural astringent used to reduce swelling and inflammation. It is effective in stopping the flow of blood, and in reducing secretions.

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Homeopathic Medication

A homeopathic remedy is one that produces the same symptoms that the patient is complaining of. A minimum dose is used, and relies on the body's regulation of self-healing to assist nature. The homeopathic approach allows for the treatment of conditions that are not treatable by

traditional means. Remedies are relatively inexpensive, without side effects, and offer the possibility of a cure.

Aloe can help when your rectum is sore, bleeding, and hot. Helps with the feeling of a constant bearing down in the rectum.

Apis Mellifica is useful for external anal skin, which is bright red, burning, and itching.

Calendula homeopathic ointment is a most remarkable healing agent when applied locally. Useful for open wounds, hemorrhoids that rupture, parts that will not heal, ulcers, etc. Promotes healthy granulations and rapid healing by first intention.

Collinsonia Canadensis relieves pruritus in pregnancy, itching of anus, hemorrhoids with a sensation of sharp sticks in rectum, dry stools, and obstinate constipation. Commonly called Stone Root.

Graphites helps to relieving constipation, knotty stools united by mucus threads, burning hemorrhoids with soreness, itching and anal fissures. A person who needs Graphites is often overweight, has difficulty concentrating, and tends toward developing skin eruptions. Commonly called Black Lead.

Nitricum Acidum is indicated for constipation with intense straining when there is with little or no bowel evacuation, and for violent cutting pains after stool passage which continues for hours. Also indicated for profusely bleeding hemorrhoids. Commonly called Nitric Acid.

Nux Vomica can be used for itching, painful hemorrhoids, a feeling of constriction in the rectum, and chronic constipation with ineffectual urging. A person who needs Nux vomica is usually impatient, tense, and irritable, and often has a tendency toward heavy use of stimulants, strong foods, and alcohol or drugs.

Paeonia Officinalis is suitable for relieving anal itching, hemorrhoids, fissures, and ulceration's of anus and perineum, and burning sensation in the anus after passage of stool. Commonly called Peony.

Pulsatilla is indicated for hemorrhoids that itch, with sharp sticking pains. The hemorrhoids typically protrude, and improve after lying down. Warmth often aggravates the symptoms. This is a very helpful remedy for hemorrhoids that appear during pregnancy or around the menstrual period.

Sulphur is indicated for redness around the anus with itching and burning, and for protruding hemorrhoids, which are accompanied by a feeling of fullness and pressure in the abdomen. A person who needs Sulphur typically may feel worse from warmth and bathing, and may have flatulence with a strong offensive odor. Commonly called Sublimed Sulphur.

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Note: Hemorrhoids is a commonly misspelled word. Here are a few variations - hemorrhoids, hemorrhoid, hemmoroids, hemmoroid, hemroids, hemroid, hemeroids, hemeroid, hemmroids, hemmroid, hemmeroids, hemmeroid, haemorrhoids, haemorrhoid, hemoroids, hemoroid, hemmoroids, hemmoroid, hemrroids, hemrroid, hemorroides, hemorroide, hemorrhoid.