

Haemorrhoids

(Piles)



The condition of “Haemorrhoids” or “Haemorrhoidal Disease” is diagnosed when abnormalities are found within the “anal cushions”. These are a normal part of the anal canal of every individual patient and only become a disease when not functioning correctly.

The lining of the anal canal (mucosa) is analogous to that of the mouth. It is held in place by tiny ligaments that attach it to the underlying muscles of the anal sphincter. Between the mucosa and the muscle are found complex channels of veins which, depending upon the amount of blood within them, bulge into the anal canal. These structures (mucosa, ligaments and veins) make up the anal cushions. When functioning normally these cushions can be thought of as part of the mechanism by which continence is maintained.

What happens when things go wrong?

Engorgement of the system of veins within the anal cushions can lead to weakness within the vessel wall. Trauma to the mucosa on opening the bowels can lead to damage of the vein wall. This engorgement may, with time lead to rupture of the ligaments holding the mucosa in place. As a result disruption to the normal delicate functioning of the anal cushions can lead to alteration in continence. Following this the cardinal features of haemorrhoidal disease are seen.

- Discomfort (Due to engorged veins and mucosal trauma) with opening the bowels
- Bleeding (Due to injury to the mucosa and walls of the veins)
- Prolapse (Or swelling, felt outside the anal canal as the mucosa is squeezed out)
- Mucous Discharge (Seepage from the anal canal through an now incompetent sphincter)
- Itching (From mucous and stool that soils the skin around the anal canal)

Why do they occur?

The whole truth as to why patients get Haemorrhoids is not known but what is for certain is that the main contribution comes from disordered evacuatory habit of every kind. Any condition that causes a rise in pressure in the anal canal, usually generated to assist with difficult evacuation, will cause the changes described above. These are most commonly:-

- Constipation (and Diarrhoea)
- Straining and sitting for prolonged periods on the lavatory
- Low fibre in the diet
- Pregnancy and Childbirth

It is for these reasons that to a large extent haemorrhoidal disease is recognised as a cultural rather than pathological phenomenon.

Severity and Grading of Symptoms

Grade I Disease:

Haemorrhoids (mucosa, ligaments and veins) remain in the anal canal may be uncomfortable and bleed

Grade II Disease:

Haemorrhoids prolapse outside the anal canal and return spontaneously

Grade III Disease:

Haemorrhoids prolapse outside the anal canal on opening the bowels and must be pushed back with a finger

Grade IV Disease:

Haemorrhoids remains outside at all times

Treatment

Grade I and II

Conservative measures

Injections
Banding

Grade III

As for Grade I and II
Surgery

Grade IV

Surgery