

DEALING WITH PILES

YOU MAY NOT KNOW THIS, BUT EVERYONE HAS HEMORRHOIDS. ESSENTIALLY VASCULAR STRUCTURES LOCATED

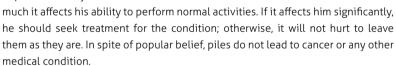
on the walls of the lower rectum - just above the anal canal, to be precise - hemorrhoids assist the anal sphincter to more effectively close the anal canal during normal activity. Everyone, from children and infants to the sick and the infirm, have hemorrhoids: however, when the hemorrhoids become inflamed or swollen, they become what we commonly call piles.

Hemorrhoids



Note that piles are generally benign: is to say, they are not detrimental tο one's health well-being except through their symptoms. Piles only require treatment when they cause excessive discomfort, pain, bleeding, itchiness or otherwise interferes with a patient's quality of life.

Whether a patient should be treated depends entirely on how



One of the most frightening signs of piles is the presence of blood in one's stool. This may be noticed in the stool itself or when wiping after defecation, but if the blood is fresh - that is to say, bright red in colour - there is nothing to worry about: this is one of the most common symptoms of piles. However, if your stool is black, "tarry" and only turns red upon contact with the water, see a doctor immediately as this may be a sign of gastrointestinal bleeding.

While it is true that piles tends to run in the family, there are many other possible causes. Spending overly long periods of time on the toilet, such as when one has the habit of reading while in the toilet, increases the chances of a patient developing piles, as do people who use squat toilets and women who have gone through childbirth.

Interestingly enough, excessive consumption of dietary fibre - such as those found in vegetables and cereals - increase the likelihood of a patient developing piles. Too much fibre can cause the stool to become overly bulky, causing constipation and the development of piles.

If a patient already has prolapsed piles (meaning that the hemorrhoids are physically protruding out of the anus), he should avoid wiping with toilet paper

as the rough paper will traumatise the piles, causing further bleeding. He should also decrease his intake of dietary fibre to decrease the volume of his stool and, at the same time, minimise the amount of time he spends on the toilet, allowing the piles to heal without being constantly re-traumatised.

For patients who desire medical treatment, rubber band ligation is one of the more effective and popular forms of treatment available on the market. An outpatient treatment for piles that have not become fully prolapsed (or only prolapse during defecation), the procedure applies a small rubber band to the base of the hemorrhoid, stopping blood flow to the piles. This causes the piles to shrivel up and die within two to seven days, after which both hemorrhoids and the rubber band will fall off during normal bowel movements.

Rubber banding is significantly less painful when compared to surgical treatment of piles but may not be used in every instance. If one's piles are already permanently prolapsed, for instance, the only options remaining to the patient are that of full surgical excision or stapled hemorrhoidectomy, where the inflamed hemorrhoids are removed and repositioned. In some cases, transanal haemorrhoidal dearterization (THD) – a procedure where all arteries to the piles are ligated – may be useful. Both are major surgical undertakings and require significantly longer recovery periods.

If a patient's piles are treated correctly, the rate of recurrence is fairly low. Only less than a quarter of patients who undergo rubber band ligation have their piles come back. However, the patient must also take care to avoid activities which encourage piles. For example, staying too long on the toilet or wiping with rough toilet paper. If this advice is heeded, a single course of treatment is all that is necessary.

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