

## Hemorrhoids-2016

# STOP THE BLEEDING, STOP THE SUFFERING

By Levi S. Kirkland, Jr., M.D.



**Hemorrhoid sufferers frequently deal with their symptom flare-ups as just a normal part of everyday life. They often anguish quietly without seeking medical help. Embarrassment and the fear of possibly needing surgery keep them going to the drugstore for over-the-counter remedies.**

Hemorrhoids are one of the most common conditions encountered in the United States. It has been estimated that more than 50% of the population over 50 years of age have experienced some issue related to hemorrhoids. Epidemiological studies have shown that 10 million people with the United States have reported hemorrhoids.

Hemorrhoids are vascular cushions that are part of the normal anatomy of the anal canal. We become concerned when abnormal symptoms are related to hemorrhoids. They are found primarily in three locations: left lateral, right anterior, and right posterior positions of the anus.

Classically, hemorrhoids are categorized as Internal Hemorrhoids, which are above the dentate line and External Hemorrhoids, which are located below the dentate line.

### Symptoms

A patient may experience a plethora of symptoms related to piles. Internal Hemorrhoids are associated with bleeding, prolapse, swelling, discomfort, itching, discharge, evacuation difficulties, and hygiene problems. External Hemorrhoids are usually asymptomatic, unless they have thrombosed. Under these circumstances a painful lump will be encountered.

### GRADING OF HEMORRHOIDS

- Grade 1 - Non-prolapsing internal hemorrhoids
- Grade 2 - Prolapse of hemorrhoids during defecation with spontaneous reduction
- Grade 3 - Prolapse of hemorrhoids that require manual reduction
- Grade 4 - Prolapsed and incarceration of hemorrhoids that cannot be reduced

**DIAGNOSIS AND TREATMENT**

Obtaining a good history with emphasis and explanation of the symptoms is of the utmost importance. Pain, bleeding, prolapse, drainage, and difficulty with defecation are all symptoms that help to determine treatment choices. Anoscopic examination is an accurate and efficient way to visualize the anal canal. This procedure is essential in making decisions regarding hemorrhoids.

**CONSERVATIVE MEDICAL TREATMENT**

The over-the-counter preparations have as a primary objective to make defecation easier and reduce swelling. These compounds contain antiseptics, astringents, anesthetics, and corticosteroids. Increase in dietary fiber is also recommended. These modalities will benefit as a first-line approach for patients with very mild symptoms.

**NON-SURGICAL TREATMENT**

**A. Infrared Coagulation-** This approach is accomplished by placing an infrared radiation probe, which converts to heat energy directly on the hemorrhoid plexus. The heat causes tissue destruction, protein coagulation and scarring. Several sessions are required for effective treatment. In general, this approach is felt to be less effective than some other approaches.

**B. Rubber Band Ligation (RBL)-** RBL is considered an excellent alternative for patients with Hemorrhoidal Disease. This is often performed as a in-office procedure. The technique uses an instrument to deliver two rubber rings just above the internal hemorrhoids. When released, it constricts tissue and the blood supply to the hemorrhoid plexus is cut off. This results in ischemic necrosis and sloughing of the hemorrhoid tissue. Rubber band ligation has been found to be a very effective and durable procedure and is ideal for Grade 1, 2, and 3 hemorrhoids. Patients generally feel a dull, aching sensation for 24-48 hours. This, however, is usually well tolerated and patients can return to work immediately. Three office sessions are usually warranted.

**OPERATIVE TREATMENT**

There are several operative techniques for hemorrhoids. All are quite effective. However, the potential for post procedure pain is real. The anxiety as it relates to pain, probably accounts for reluctance of the general public to seek help from their physician. The surgical approach occasionally will be complicated by a tear at the suture line. A burning sensation during defecation may follow for a short period of time. This will heal with time and patience. Medications and measures to maintain an easy flowing stool does minimize the occurrence of this minor complication. As a general rule, surgical intervention is the most effective means of reducing the possibility of reoccurrence. Surgical intervention is reserved for the most severe (typically Grade 4) hemorrhoids. Surgical hemorrhoidectomy is reserved for patients who are refractory to office procedures.

In summary, patients need not suffer a lifelong challenge of hemorrhoids. There are many various approaches to this vexing problem. **See your hemorrhoid specialist today.**



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