



Official reprint from UpToDate®
www.uptodate.com ©2014 UpToDate®



The content on the UpToDate website is not intended nor recommended as a substitute for medical advice, diagnosis, or treatment. Always seek the advice of your own physician or other qualified health care professional regarding any medical questions or conditions. The use of this website is governed by the [UpToDate Terms of Use](#) ©2014 UpToDate, Inc.

Patient information: Hemorrhoids (Beyond the Basics)

Author

Ronald Bleday, MD

Section Editor

J Thomas Lamont, MD

Deputy Editor

Shilpa Grover, MD, MPH

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: Aug 2014. | **This topic last updated:** Jan 07, 2013.

HEMORRHOIDS OVERVIEW — Hemorrhoids are enlarged or swollen veins in the lower rectum. The most common symptoms of hemorrhoids are rectal bleeding, itching, and pain. You may be able to see or feel hemorrhoids around the outside of the anus, or they may be hidden from view, inside the rectum ([figure 1A-B](#)).

Hemorrhoids are common, occurring in both men and women. Although hemorrhoids do not usually cause serious health problems, they can be annoying and uncomfortable. Fortunately, treatments for hemorrhoids are available and can usually minimize the bothersome symptoms.

More detailed information about hemorrhoids is available by subscription. (See "[Hemorrhoids: Clinical manifestations and diagnosis](#)" and "[Treatment of hemorrhoids](#)".)

HEMORRHOID SYMPTOMS — Hemorrhoids are more common in people who are older and in those who have diarrhea, pelvic tumors, during or after pregnancy, and in people who sit for prolonged periods of time and/or strain (push hard) to have a bowel movement.

Symptoms of hemorrhoids can include the following:

- Painless rectal bleeding
- Anal itching or pain
- Tissue bulging around the anus
- Leakage of feces or difficulty cleaning after a bowel movement

Rectal bleeding — Many people with hemorrhoids notice bright red blood on the stool, in the toilet, or on the toilet tissue after a bowel movement. The amount of blood is usually small. However, even a small amount of blood in the toilet bowl can cause the water to appear bright red, which can be frightening. Less commonly, bleeding can be heavy.

While hemorrhoids are one of the most common reasons for rectal bleeding, there are other, more serious causes. It is not possible to know what is causing rectal bleeding unless you are examined. If you see bleeding after a bowel movement, call your healthcare provider. (See "[Patient information: Blood in the stool \(rectal bleeding\) in adults \(Beyond the Basics\)](#)".)

Itching — Hemorrhoids commonly cause itching and irritation of skin around the anus.

Pain — Hemorrhoids can become painful. If you develop severe pain, call your healthcare provider immediately

because this may be a sign of a serious problem.

HEMORRHOID DIAGNOSIS — To diagnose hemorrhoids, your clinician will examine your rectum and anus, and may insert a gloved finger into the rectum. If there is bleeding, testing should include a procedure that allows your healthcare provider to look inside the anus (called anoscopy) or colon (sigmoidoscopy or colonoscopy). (See "[Patient information: Flexible sigmoidoscopy \(Beyond the Basics\)](#)".)

INITIAL HEMORRHOID TREATMENT — One of the most important steps in treating hemorrhoids is avoiding constipation (hard or infrequent stools). Hard stools can lead to rectal bleeding and/or a tear in the anus, called an anal fissure. In addition, pushing and straining to move your bowels can worsen existing hemorrhoids and increase the risk of developing new hemorrhoids. (See "[Patient information: Anal fissure \(Beyond the Basics\)](#)".)

Fiber supplements — Increasing fiber in your diet is one of the best ways to soften your stools. Fiber is found in fruits and vegetables. The recommended amount of dietary fiber is 20 to 35 grams per day ([table 1](#)). (See "[Patient information: High-fiber diet \(Beyond the Basics\)](#)".)

Several fiber supplements are available, including [psyllium](#) (Konsyl®; Metamucil®; Perdiem®), [methylcellulose](#) (Citrucel®), calcium [polycarbophil](#) (FiberCon®; Fiber-Lax®; Mitrolan®), and [wheat dextrin](#) (Benefiber®). Start with a small amount and increase slowly to avoid side effects.

Laxatives — If increasing fiber does not relieve your constipation, or if side effects of fiber are intolerable, you can try a laxative.

Many people worry about taking laxatives regularly, fearing that they will not be able to have a bowel movement if the laxative is stopped. Laxatives are not "addictive" and using laxatives does not increase your risk of constipation in the future. Instead, using a laxative may actually prevent long-term problems with constipation. (See "[Patient information: Constipation in adults \(Beyond the Basics\)](#)".)

Warm sitz baths — During a sitz bath, you soak the rectal area in warm water for 10 to 15 minutes two to three times daily. Sitz baths are available in most drugstores. It is also possible to use a bathtub and sit in 2 to 3 inches of warm water. Do not add soap, bubble bath, or other additives in the water. Sitz baths work by improving blood flow and relaxing the muscle around the anus, called the internal anal sphincter.

Topical treatments — Various creams and suppositories are available to treat hemorrhoids, and many are available without a prescription. Pain-relieving creams and [hydrocortisone](#) rectal suppositories may help relieve pain, inflammation, and itching, at least temporarily.

You should not use hemorrhoid creams and suppositories, particularly [hydrocortisone](#), for longer than one week, unless your healthcare provider approves.

MINIMALLY INVASIVE TREATMENT — If you have bothersome hemorrhoids after using conservative measures, you may want to consider a minimally invasive procedure. Most procedures are performed as a day surgery. The following procedures are intended for treatment of **internal** hemorrhoids.

Rubber band ligation — Rubber band ligation is the most widely used procedure. It is successful in approximately 70 to 80 percent of patients.

Rubber bands or rings are placed around the base of an internal hemorrhoid. As the blood supply is restricted, the hemorrhoid shrinks and degenerates over several days. Many patients report a sense of "tightness" after the procedure, which may improve with warm sitz baths. Patients are encouraged to use fiber supplements to avoid constipation.

Delayed bleeding may occur when the rubber band falls off, usually two to four days after the procedure. In some cases, a raw and sore area develops five to seven days following the procedure. Other less common complications of rubber

band ligation include severe pain, thrombosis of other hemorrhoids, and localized infection or pus formation (abscess). Rubber band ligation rarely causes serious complications.

Laser, infrared, or bipolar coagulation — These methods involve the use of laser or infrared light or heat to destroy internal hemorrhoids.

Sclerotherapy — During sclerotherapy, a chemical solution is injected into hemorrhoidal tissue, causing the tissue to break down and form a scar. Sclerotherapy may be less effective than rubber band ligation.

HEMORRHOID SURGERY — If you continue to have hemorrhoids despite conservative or minimally invasive therapies, you may require surgical removal of hemorrhoids (hemorrhoidectomy). Surgery is the treatment of choice for patients with large internal hemorrhoids.

Hemorrhoidectomy involves surgically removing excess hemorrhoidal tissue. It is successful in 95 percent of patients.

WHERE TO GET MORE INFORMATION — Your healthcare provider is the best source of information for questions and concerns related to your medical problem.

This article will be updated as needed on our web site (www.uptodate.com/patients). Related topics for patients, as well as selected articles written for healthcare professionals, are also available. Some of the most relevant are listed below.

Patient level information — UpToDate offers two types of patient education materials.

The Basics — The Basics patient education pieces answer the four or five key questions a patient might have about a given condition. These articles are best for patients who want a general overview and who prefer short, easy-to-read materials.

[Patient information: Hemorrhoids \(The Basics\)](#)

[Patient information: Bloody stools \(The Basics\)](#)

[Patient information: High-fiber diet \(The Basics\)](#)

[Patient information: Anal pruritus \(anal itching\) \(The Basics\)](#)

[Patient information: Pregnancy symptoms \(The Basics\)](#)

Beyond the Basics — Beyond the Basics patient education pieces are longer, more sophisticated, and more detailed. These articles are best for patients who want in-depth information and are comfortable with some medical jargon.

[Patient information: Blood in the stool \(rectal bleeding\) in adults \(Beyond the Basics\)](#)

[Patient information: Flexible sigmoidoscopy \(Beyond the Basics\)](#)

[Patient information: Anal fissure \(Beyond the Basics\)](#)

[Patient information: High-fiber diet \(Beyond the Basics\)](#)

[Patient information: Constipation in adults \(Beyond the Basics\)](#)

Professional level information — Professional level articles are designed to keep doctors and other health professionals up-to-date on the latest medical findings. These articles are thorough, long, and complex, and they contain multiple references to the research on which they are based. Professional level articles are best for people who are comfortable with a lot of medical terminology and who want to read the same materials their doctors are reading.

[Approach to the patient with anal pruritus](#)

[Hemorrhoids: Clinical manifestations and diagnosis](#)

[Etiology and evaluation of chronic constipation in adults](#)

[Etiology of lower gastrointestinal bleeding in adults](#)

[Management of chronic constipation in adults](#)

Treatment of hemorrhoids

The following organizations also provide reliable health information.

- National Library of Medicine

(www.nlm.nih.gov/medlineplus/hemorrhoids.html)

- National Institute of Diabetes and Digestive and Kidney Diseases

(<http://digestive.niddk.nih.gov/ddiseases/pubs/hemorrhoids/>)

- American Society of Colon and Rectal Surgeons

(www.fascrs.org/patients/conditions/hemorrhoids/)

[1-3]

Use of UpToDate is subject to the [Subscription and License Agreement](#).

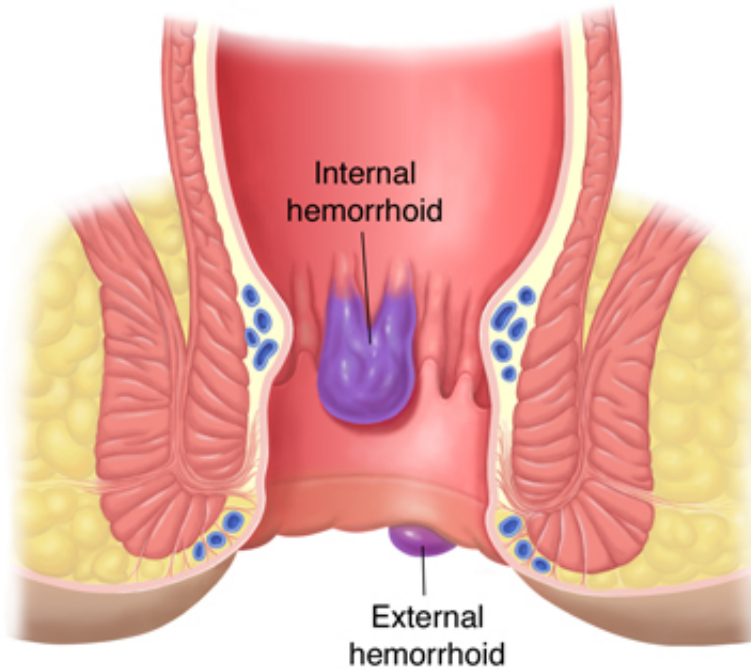
REFERENCES

1. Clinical Practice Committee, American Gastroenterological Association. American Gastroenterological Association medical position statement: Diagnosis and treatment of hemorrhoids. *Gastroenterology* 2004; 126:1461.
2. Alonso-Coello P, Guyatt G, Heels-Ansdell D, et al. Laxatives for the treatment of hemorrhoids. *Cochrane Database Syst Rev* 2005; :CD004649.
3. Jayaraman S, Colquhoun PH, Malthaner RA. Stapled versus conventional surgery for hemorrhoids. *Cochrane Database Syst Rev* 2006; :CD005393.

Topic 2013 Version 9.0

GRAPHICS

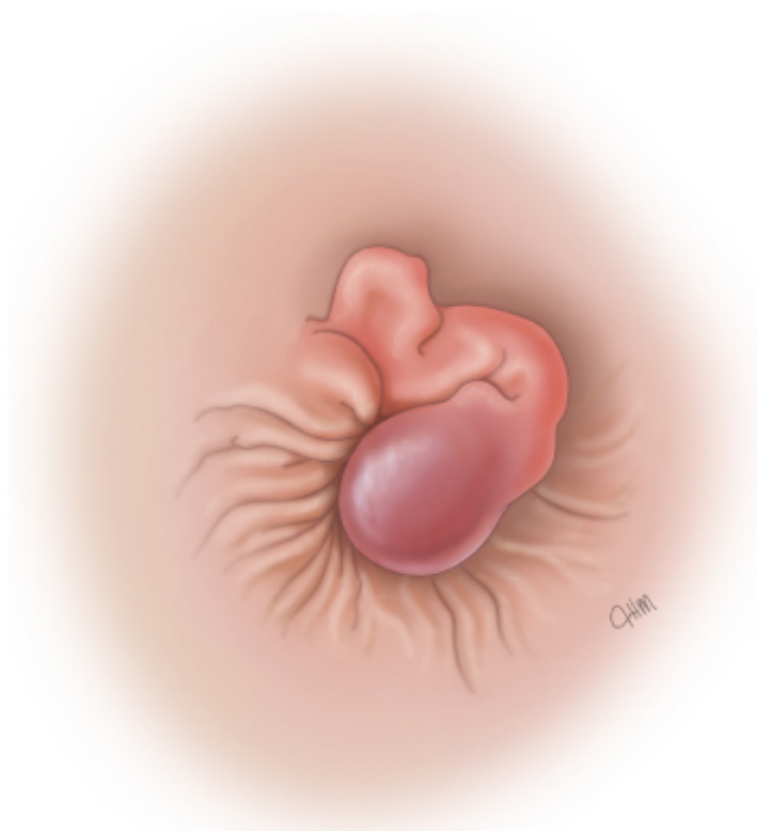
Hemorrhoids



Hemorrhoids that are hidden inside the rectum are called "internal" hemorrhoids. You cannot see them, but they can cause symptoms. Hemorrhoids that you can see or feel are called "external" hemorrhoids.

Graphic 80650 Version 4.0

External hemorrhoid



This figure shows what an external hemorrhoid looks like.

Graphic 51116 Version 1.0

Amount of fiber in different foods

Food	Serving	Grams of fiber
Fruits		
Apple (with skin)	1 medium apple	4.4
Banana	1 medium banana	3.1
Oranges	1 orange	3.1
Prunes	1 cup, pitted	12.4
Juices		
Apple, unsweetened, w/added ascorbic acid	1 cup	0.5
Grapefruit, white, canned, sweetened	1 cup	0.2
Grape, unsweetened, w/added ascorbic acid	1 cup	0.5
Orange	1 cup	0.7
Vegetables		
Cooked		
Green beans	1 cup	4.0
Carrots	1/2 cup sliced	2.3
Peas	1 cup	8.8
Potato (baked, with skin)	1 medium potato	3.8
Raw		
Cucumber (with peel)	1 cucumber	1.5
Lettuce	1 cup shredded	0.5
Tomato	1 medium tomato	1.5
Spinach	1 cup	0.7
Legumes		
Baked beans, canned, no salt added	1 cup	13.9
Kidney beans, canned	1 cup	13.6
Lima beans, canned	1 cup	11.6
Lentils, boiled	1 cup	15.6
Breads, pastas, flours		
Bran muffins	1 medium muffin	5.2
Oatmeal, cooked	1 cup	4.0
White bread	1 slice	0.6

Whole-wheat bread	1 slice	1.9
Pasta and rice, cooked		
Macaroni	1 cup	2.5
Rice, brown	1 cup	3.5
Rice, white	1 cup	0.6
Spaghetti (regular)	1 cup	2.5
Nuts		
Almonds	1/2 cup	8.7
Peanuts	1/2 cup	7.9

To learn how much fiber and other nutrients are in different foods, visit the United States Department of Agriculture (USDA) National Nutrient Database at:
<http://www.nal.usda.gov/fnic/foodcomp/search/>.

Created using data from the USDA National Nutrient Database for Standard Reference. Available at <http://www.nal.usda.gov/fnic/foodcomp/search/>.

Graphic 52349 Version 3.0

Disclosures

Disclosures: Ronald Bleday, MD Nothing to disclose. J Thomas Lamont, MD Nothing to disclose. Shilpa Grover, MD, MPH Employee of UpToDate, Inc.

Contributor disclosures are reviewed for conflicts of interest by the editorial group. When found, these are addressed by vetting through a multi-level review process, and through requirements for references to be provided to support the content. Appropriately referenced content is required of all authors and must conform to UpToDate standards of evidence.

Conflict of interest policy