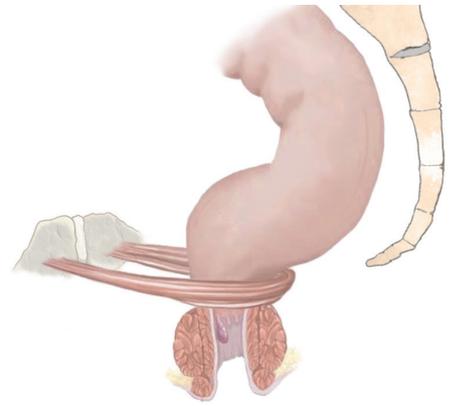


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Hemorrhoids

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KEY POINTS

- ▶ There is no cure for hemorrhoids. Even after surgery, they may recur, so it is critical that patients learn to eat fiber to keep their stools soft and bulky to avoid straining, sit on the toilet no longer than 5 minutes, and treat constipation aggressively.
- ▶ Hemorrhoids do not hurt unless acutely thrombosed. Look for another cause.
- ▶ Whenever possible, examine the anorectum, and treat hemorrhoids unседated. This way, you can tell if the patient has a fissure you are just not seeing. Ask the patient if it hurts when you apply suction before you deploy the band.
- ▶ Anal sphincter spasm is sometimes associated with anal fissures or acutely thrombosed hemorrhoids. Nitroglycerin or nifedipine ointment can help relax the sphincter and reduce pain.
- ▶ Provide the patient with a 24/7 callback phone number for symptoms such as excessive pain, bleeding, fever, chills, or rigors, particularly after hemorrhoid banding.

Although hemorrhoids are a normal feature of anorectal anatomy, symptomatic hemorrhoids are relatively common, with an estimated prevalence in the United States of 4.4% and a peak prevalence between 45 and 65 years of age.¹ It is thought that only one-third of patients with symptomatic hemorrhoids seek help, making the true prevalence difficult to define.¹ It is estimated that over 23 million Americans suffer from hemorrhoid symptoms, resulting in about 3.5 million visits to the doctor and over \$500 million in health care costs.^{2,3} Many patients and even some physicians attribute symptoms in the anorectal area to hemorrhoid disease, although this is not always the case. Traditionally, a surgeon has managed hemorrhoid disease. Increasingly, gastroenterologists are beginning to manage many aspects of anorectal disease, including symptomatic hemorrhoids, in the office setting.