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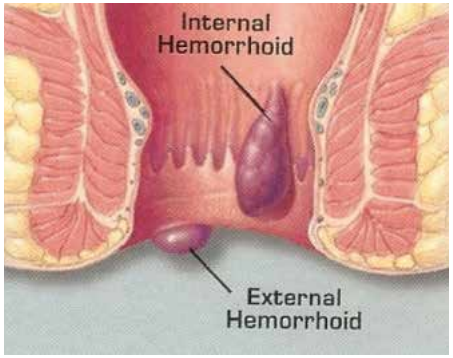
BENGIN ANORECTAL PROBLEMS

Haemorrhoids (Piles)



Haemorrhoids, also known as piles, are swellings that contain enlarged blood vessels that are found inside or around the bottom (the rectum and anus).

Most haemorrhoids are mild and many times don't cause symptoms. When there are symptoms, these usually include:

- Bleeding after passing a stool (the blood will be bright red)
- Itchy bottom
- A lump hanging down outside of the anus, which may need to be pushed back in after passing a stool

What causes piles?

The exact cause of haemorrhoids is unclear, although they are associated with increased pressure in the blood vessels in and around your anus.

Most cases are thought to be caused by excessive straining on the toilet, due to prolonged constipation, often resulting from a lack of fibre in your diet.

Things that can increase your risk of haemorrhoids include:

- Being overweight
- Being over the age of 45
- Being pregnant
- Having a family history of haemorrhoids

Preventing and treating piles

Haemorrhoid symptoms often settle down after a few days without treatment. Haemorrhoids that occur due to pregnancy usually get better after you give birth.

However, making lifestyle changes to reduce the strain on the blood vessels in and around your anus is often recommended. These can include:

- Increasing the amount of fibre in your diet
- Drinking plenty of fluid, not delaying going to the toilet
- Avoiding medication that causes constipation
- Losing weight

Treatment of piles

If your haemorrhoid symptoms are more severe, there are a number of treatment options available. For example, banding is a non-surgical procedure where a very tight elastic band is put around the base of the haemorrhoid to cut off its blood supply.

Surgery for piles (haemorrhoids)

Surgery may be recommended if other treatments for piles (haemorrhoids) have not been successful, or if you have haemorrhoids that are not suitable for non-surgical treatment.

There are many different surgical procedures for piles. The main types of operation are described below.

Haemorrhoidectomy

A haemorrhoidectomy is an operation to remove haemorrhoids. After having a haemorrhoidectomy, there is around a 1 in 20 chance of the haemorrhoids returning, which is lower than with non-surgical treatments. Adopting or continuing a high-fibre diet after surgery is recommended to reduce this risk.

Transanal haemorrhoidal Dearterialization (THD)

To reduce the blood flow to your haemorrhoids. whereby haemorrhoidal blood vessels are stitched closed.

Stapling

It has a slightly higher risk of serious complications than the alternative treatments available, such as fistula to vagina or rectal perforation.

Other treatments

Other treatment options are also available, including freezing and laser treatment, however, these are not commonly used.

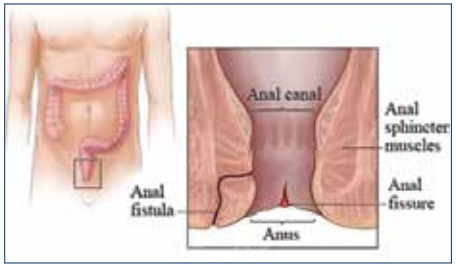
General risks of haemorrhoid surgery

Although the risk of serious problems is small, complications can occasionally occur after haemorrhoid surgery.
These can include:

- Bleeding.
- Infection
- Urinary retention.
- Faecal incontinence
- Anal fistula
- Stenosis (narrowing of the anal canal

These problems can often be treated with medication or further surgery.

Anal fissure



An anal fissure is a tear or a wound that develops in the lining of the anal canal.

Signs and symptoms

The most common symptoms of anal fissures are:

- A sharp pain when you pass stools (faeces).
- bleeding when you pass stools – as bright red blood either in their stools or on the toilet paper

What causes anal fissures?

Anal fissures are most commonly caused by damage to the lining of the anus or anal canal. Most cases occur in people who have constipation, when a particularly hard or large stool tears the lining of the anal canal.

Other causes include:

- Diarrhoea
- Inflammatory bowel disease (IBD), such as Crohn's disease and ulcerative colitis
- Pregnancy and childbirth
- In many cases, no clear cause can be identified.

Who is affected?

Anal fissures are relatively common, with an estimated 1 in every 10 people affected at some point in their life.

Anal fissures affects all ages, including very young children.

Treating and preventing anal fissures

- Making sure you have plenty of fibre in your diet
- Staying well hydrated by drinking plenty of fluids
- Not delaying going to the toilet when you feel the urge
- Exercising regularly

Your surgeon may prescribe medication to help relieve your symptoms such as laxatives and painkilling gel that you apply directly to your anus.

Surgery is often very effective in treating anal fissures if other measures fail, but it does carry a risk of complications, such as temporary or permanent loss of bowel control (incontinence).

Other medications

There are a number of different medications your doctor may recommend to help reduce your symptoms and allow your anal fissure to heal. These include:

Glyceryl trinitrate

This comes in the form of an ointment, which should be applied directly to the anal area, usually twice a day. Headaches are a very common side effect.

Topical anaesthetics

If your pain is particularly severe, your doctor may prescribe a topical anaesthetic to numb your anus before passing stools to help ease the pain.

Calcium channel blockers

Calcium channel blockers, such as diltiazem, are a type of medication usually used to treat high blood pressure (hypertension). However, topical calcium channel blockers that are applied directly to the anus have also proved useful in treating some people with anal fissures.

Topical calcium channel blockers work by relaxing the sphincter muscle. Side effects of topical calcium channel blockers can include headaches, dizziness and itchiness or burning at the site when you apply the medication. However, any side effects should pass within a few days, once your body gets used to the medication.

Topical calcium channel blockers are considered to be about as effective as GTN ointment in treating anal fissures, and they may be recommended if the medications above have not helped.

As with GTN ointment, you will usually have to use calcium channel blockers for up to eight weeks, or until your fissure has completely healed.

Botulinum toxin injections

Botulinum toxin is usually used as an injection to paralyse your sphincter muscle. This should relax the muscle to prevent pain.

Follow-up

Your doctor may arrange for you to have a follow-up appointment to check healing.
If your anal fissure is particularly severe, or does not respond to treatment surgery may be necessary.

Surgery

Surgery is generally considered to be the most effective treatment for anal fissures, with more than %90 of people experiencing good long-term results. However, it carries a small risk of complications.

There are a number of different surgical techniques that can be used to treat anal fissures. The main techniques used are outlined below.

Lateral sphincterotomy

Involves making a small cut in the sphincter muscle (the ring of muscle surrounding the anal canal) to help reduce the tension in your anal canal. This allows the anal fissure to heal and reduces your chances of developing any more fissures.

A lateral sphincterotomy is one of the most effective treatments for anal fissures, with a good track record of success. Most people will fully heal within two to four weeks.

Less than 1 in every 20 people who have this type of surgery will experience some loss of bowel control (bowel incontinence) afterwards, as a result of damage to the anal muscles. However, this is usually a mild type of incontinence, where the person is unable to prevent themselves from passing wind.

The incontinence usually gets better, although in rare cases it can be permanent.

Anal fissure - Prevention

It is not always possible to prevent anal fissures, but you can reduce your risk by:

Fibre

It's important to ensure you have enough fibre in your diet by eating more:

- Fruit
- Vegetables
- Wholegrain rice
- Wholewheat pasta
- Wholemeal bread
- Seeds
- Nuts

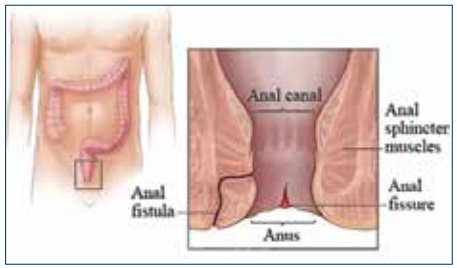
Fluids

Make sure you drink plenty of fluids to avoid dehydration, and steadily increase your intake when you are exercising or when it is hot.

Toilet habits

Never ignore the urge to go to the toilet, as this can cause your stools to dry and out and become harder to pass.

Anal fistula



Introduction

An anal fistula is a small channel that develops between the inside of the bowel, known as the anal canal, and the skin near the anus.

The end of the fistula can appear as a hole in the skin around the anus. Anal fistulas are usually classed as either:

- **Simple or complex**
- **Low or high**

When should I see my surgeon?

The common symptoms of an anal fistula include:

- Skin irritation around the anus
- A throbbing, constant pain
- A discharge of pus or blood (rectal bleeding)

What causes an anal fistula?

An anal fistula usually develops after an anal abscess bursts, or when it has not been completely treated.

A fistula can also be caused by conditions that affect the intestines, such as inflammatory bowel disease (IBD) or diverticulitis.

Many people with Crohn's disease have anal fistulae.

Treating an anal fistula

Most anal fistulae require surgery because they rarely heal if they are not treated. Several surgical methods are available, depending on where the fistula is classed as simple or complex.

There is a risk of complications after anal fistula surgery, including:

- Infection
- Bowel incontinence
- The anal fistula coming back

Symptoms of an anal fistula

There are several common symptoms of an anal fistula.

Causes of an anal fistula

An anal fistula is most commonly caused by an anal abscess. It can also be caused by conditions that affect the intestines (part of your digestive system).

Treating an anal fistula

Surgery is usually necessary to treat an anal fistula as very few heal by themselves. The type of surgery you have will depend on the position of your fistula and whether it is classed as simple or complex. Your surgeon will be able to explain the procedure to you in more detail.

Surgery Fistulotomy

A fistulotomy is the most commonly used type of anal fistula surgery, used in 90% of cases.

It involves cutting open the whole length of the fistula, from the internal opening to the external opening. The surgeon will flush out the contents and flatten it out. After one to two months, the fistula will heal into a flat scar.

Seton techniques

Your surgeon may decide to use a seton during your surgery. A seton is a piece of surgical thread that is left in the fistula tract to keep the tract open, often for several months. This allows it to drain properly before it heals.

This may be considered if you are at high risk of developing incontinence – for example, because your fistula crosses your sphincter muscles.

It is also sometimes used to allow secondary tracts to heal before further surgery is carried out on the main tract. It can also be used to divide the sphincter muscle, which allows it to heal.

Advancement flap procedures

Advancement flap procedures may be considered if your fistula is complex or there is a high risk of incontinence.

The advancement flap is attached to where the internal opening of the fistula was.

Bioprosthetic plug

A bioprosthetic plug is a cone-shaped plug made from animal tissue. It can be used to block the internal opening of the fistula.

Stitches are used to keep the plug in place, but the external opening is not completely sealed so the fistula can continue to drain. New tissue then grows around the plug to heal it.

However, this procedure can sometimes lead to complications, such as:

- Pain and increased drainage – this may require treatment with antibiotics
- A new abscess forming
- The plug being pushed out of place

Bioprosthetic plugs have a success rates of more than %80. However, there is still uncertainty over the recurrence rates and long-term outcomes.

Non-surgical treatments Fibrin glue

Fibrin glue is currently the only non-surgical option for treating an anal fistula. The fibrin glue is injected into the fistula to seal the tract. It is injected through the opening of the fistula and the opening is then stitched closed.

Fibrin glue may seem an attractive option as it is a simple, safe and painless procedure. However, the long-term results for this treatment method are poor. For example, one small study had an initial success rate of %77, but only %14 were successfully healed after 16 months.

***Adapted from www.nhs.uk website & illustrations obtained from google.com search.**