

Best Practice & Guidelines for Hemorrhoids Treatment

According to the scarce epidemiological studies on the subject, about 50 percent of the population in Europe suffers from hemorrhoids of various degrees, with a higher prevalence in the female population. However, the data concerns only symptomatic hemorrhoids: studies carried out during colorectal cancer screening identified hemorrhoids in 39 percent of subjects (and among these less than half declared to have manifested symptoms in the past).

Given the frequency of the disorder and possible (often underestimated) differential diagnoses, the *American Family Physician* journal produced a review of the most appropriate approaches to diagnosis and treatment in a general practice setting.

Patient history and physical examination are important for making a diagnosis.



In most cases, the patient has noticed traces of blood when passing stool, but not enough to cause anemia. If the patient is under the age of 40 but has no other warning signs for suspected colorectal cancer (weight loss, abdominal pain, fever, personal or family history of chronic inflammatory bowel disease), an endoscopy is not required. Even if a follow-up over time is advisable, to verify the evolution of the disorder. You can even hire professional [hemorrhoids surgeon Los Angeles](#) to get it done.

Physical examination (with an evaluation of the perineal and rectal area) is always recommended. It is important to assess the presence of prolapse or externalization of the haemorrhoidal plexus. Rectal examination can help diagnose the presence of a painful, fluctuating mass, although internal hemorrhoids are hardly palpable unless there is prolapse. In the case of internal hemorrhoids, it is more useful to use an anoscope.

The Differential Diagnosis & Treatment

Primary conservative treatment involves prescribing a high-fiber diet (25-35 grams per day), fiber supplementation, increased fluid intake (preferably water), washing with warm water, and the use of food supplements or gels to soften the stool.

Simple fiber supplementation reduces bleeding by 50 percent, while lukewarm water helps relieve pain, even if only temporarily.

Over-the-counter topical medications may provide temporary relief, but their effectiveness has never been proven in good quality studies. Among the most common active ingredients are astringents (witch hazel), protectants (zinc oxide), decongestants (phenylephrine), corticosteroids and local anesthetics (lidocaine).



There are also supplements and drugs containing bioflavonoids, also of dubious efficacy due to a lack of reliable studies.

In the case of thrombosed hemorrhoids, a topical formulation of 0.4% nitroglycerin, effective on rectal pain, as well as a topical formulation of nifedipine can be prescribed. In extremely painful cases it is possible to locally inject a dose of botulinum toxin.

Surgical Treatments

Surgical treatment includes conventional techniques (currently most effective in relapsing or grade III or IV hemorrhoids), elastic ligation, ultrasound scalpel, and the use of metal staples.

Table 2 summarizes the level of evidence for each of the therapeutic recommendations for the treatment of hemorrhoids.

The American Society of Colon and Rectal Surgeons (ASCRS) has published updated guidelines on the management of hemorrhoids in Diseases of the Colon & Rectum. More than 2.2 million patients in the United States undergo evaluations for symptoms of this problem each year, the document states. "Consequently, it is important to identify symptomatic hemorrhoids as the underlying source of the anorectal symptom and have a clear understanding of the evaluation and management of this disease process," says Bradley Davis, of the Carolinas Medical Center in Charlotte, USA, head of the committee.



The guidelines recommend evaluating hemorrhoids based on a specific history of the disease, which emphasizes the degree and duration of symptoms and identifies risk factors. The authors

indicate the signs to look for to define internal hemorrhoids, namely painless bleeding with bowel movements and intermittent protrusion, also stressing that patients should be evaluated for fecal incontinence.

Evaluation of The Colon

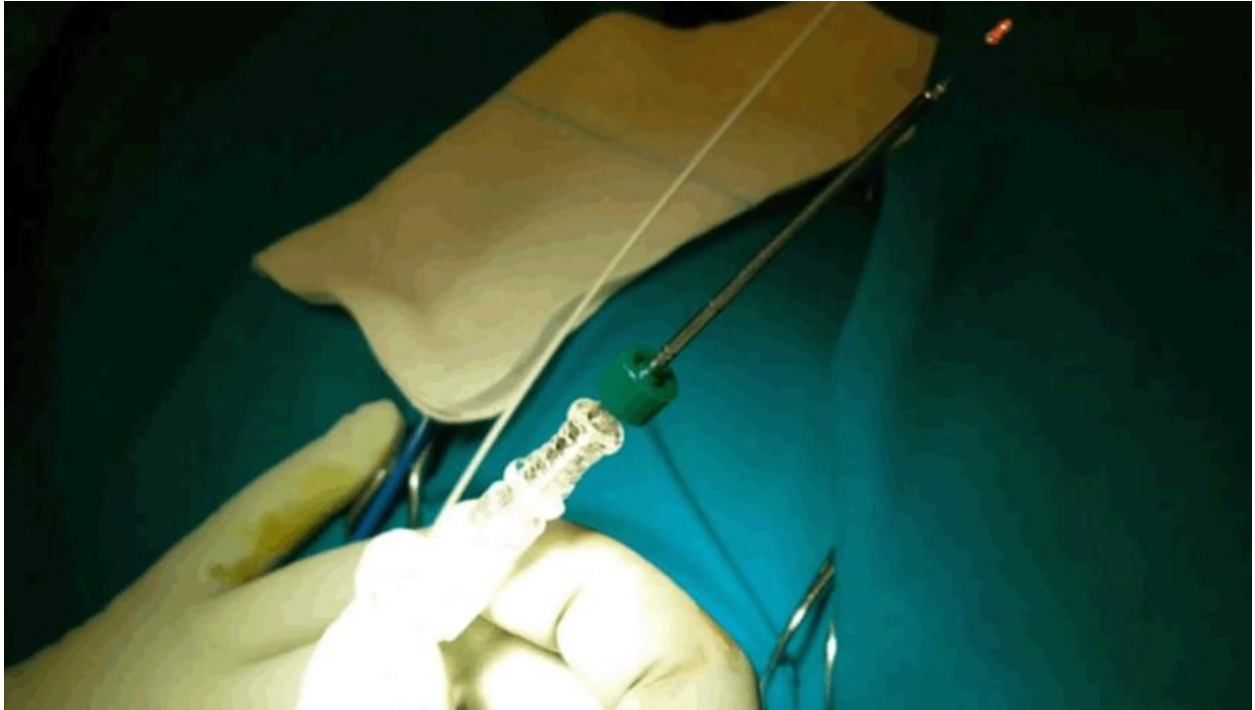
In addition, the need for a complete endoscopic evaluation of the colon is indicated for patients presenting with symptomatic hemorrhoids and rectal bleeding. The paper details the management of hemorrhoids, which can include medical procedures or surgery.

As indicated, most patients with degree I and II hemorrhoids and selected patients with degree III disease who do not benefit from medical treatment can be effectively treated with outpatient procedures, such as bandaging, sclerotherapy and infrared coagulation. although this treatment is sometimes slower and less definitive than surgery.

The surgical options described in the recommendations include hemorrhoidectomy, hemorrhoidopexy, and Doppler-guided hemorrhoidectomy. Hemorrhoidectomy was found to be the most effective treatment for patients with grade III hemorrhoids, albeit associated with greater levels of pain and complications.

Therapy

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