

# HEMORRHOIDS

## DEFINITION

- Engorgement or inflammation of perianal venous cushions. **External hemorrhoids** are noted on external examination, while **internal hemorrhoids** are seen on anoscopic exam proximal to the dentate line unless prolapsed.
- Hemorrhoids may cause bleeding, itching, pain or poor hygiene.

## INITIAL DIAGNOSIS AND MANAGEMENT

- All patients with suspected hemorrhoids should undergo a visual (to include anoscopy) and digital examination.
- External hemorrhoids** are covered by squamous epithelium and thus distal to the dentate line.
- Internal hemorrhoids** are graded as follows:
  - >**First degree**: bulge into the anal canal lumen and may cause painless bleeding.
  - >**Second degree**: protrude beyond dentate line at time of bowel movement but reduce spontaneously.
  - >**Third degree**: protrude spontaneously or during bowel movement but require manual replacement.
  - >**Fourth degree**: permanently prolapsed and irreducible.
- External and first and second degree internal hemorrhoids are treated by adding bulk to the diet and eliminating straining during defecation with bulking agents (psyllium) or with a high-fiber diet.
- Third and fourth degree internal hemorrhoids usually require surgical intervention.

## ONGOING MANAGEMENT OBJECTIVES

- Symptom relief is the main objective. Bulking agents may need to be continued indefinitely and stool softeners may be added during exacerbations.
- Avoid narcotics as these may make symptoms worse. NSAID's may decrease the inflammation and pain.
- An instructional handout is essential to enlist patient participation with their hemorrhoids.
- Please do not refer to general surgery for "counseling".

## INDICATIONS FOR SPECIALTY REFERRAL

- Third or fourth degree hemorrhoids.
- Uncontrollable symptoms (bleeding, poor hygiene, itching, pain) despite aggressive medical therapy.
- Thrombosed external hemorrhoids if less than 48 hours old.

## REQUESTED CONSULT INFORMATION FROM PRIMARY CARE PROVIDER

- Degree of internal hemorrhoid.
- Length and type of symptoms.
- Length and type of medical treatment.

## CRITERIA FOR RETURN TO PRIMARY CARE

- If an operation is not indicated, the patient will return to primary care for follow-up.