

# **Piles / Sclerosing**

## **Endoscopy Department**



**Patient information leaflet**

You will only be given this leaflet if you have been diagnosed with piles / sclerosing.

The information below outlines the condition, cause and treatment.

## What are piles?

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Piles, also known as haemorrhoids, are swellings that contain enlarged blood vessels and are found inside or around the bottom (the rectum and anus). The word 'sclerosis' has an ancient Greek derivation, from an identical word that means 'to harden' and refers to a process that results in hardening of a tissue. Most haemorrhoids are mild and sometimes don't even 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?

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The exact cause of haemorrhoids/piles is unclear, although they are associated with increased pressure in the blood vessels in and around the 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
- Being overweight or obese
- Being over 45 years of age – as you get older, your body's supporting tissues get weaker, increasing your risk of haemorrhoids
- A family history of haemorrhoids, which could mean you're more likely to get them

## What does treatment / management involve and what are the risks?

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- 1. Creams, ointments and suppositories** can help relieve swelling and inflammation symptoms in the short term. A GP may recommend corticosteroid cream for severe inflammation. Painkillers, such as paracetamol, can help relieve pain caused by piles. Products with local anaesthetic may be prescribed to treat painful haemorrhoids. If you are constipated, a GP may recommend using a laxative. However, these treatments do not get rid of the haemorrhoids themselves.
  - **Risks:** With any medications, side effects are possible. Please contact your GP if you are uncertain about your medications.
- 2. Injection sclerotherapy** – Oily phenol injection is used in sclerotherapy to treat piles. It is injected into the base of the piles, in particular those that are inside the anus. The injection works by causing the blood in the piles to clot. This hardens the tissue of the pile causing a scar to be formed. Over time the piles will shrink. The injection also relieves the pain of the piles by numbing the sensory nerve endings.
  - **Risks:** Complications, while rare, include clots, visual disturbances, allergic reaction, inflammation of the skin, skin necrosis, and hyperpigmentation.
- 3. Banding treatment** – A rubber band is placed at the base of the haemorrhoid. The bands cut off the blood supply to the haemorrhoid, which then dies and drops off after a few days. The tissue at the base of the haemorrhoid heals with some scar tissue.
  - **Risks:** Complications include pain, bleeding, infection and clots.

**4. Coagulation or cauterisation.** Using either an electric probe, a laser beam, or an infrared light, a tiny burn painlessly seals the end of the haemorrhoid, causing it to close off and shrink. This is most useful for prolapsed haemorrhoids. This service is not currently offered at the Royal Surrey County Foundation Trust Hospital.

- **Risks:** Complications include pain, bleeding and infection of the haemorrhoid.

**5. Surgery** – For large internal haemorrhoids or extremely uncomfortable external haemorrhoids (such as thrombosed haemorrhoids that are too painful to live with), your doctor may choose traditional surgery, called haemorrhoidectomy. The success rate for haemorrhoid removal approaches 95%, but unless dietary and lifestyle changes are made, haemorrhoids may recur. Furthermore, in selected cases, alternative surgical procedures which do not involve removal of the haemorrhoidal tissue can be used effectively in place of formal haemorrhoidectomy.

- **Risks:** Complications include pain, bleeding, clots, infection, inability to pass urine, faecal incontinence, narrowing of the anal canal and an anal fistula (a small channel that develops between the anal canal and surface of the skin, near the anus).

## Are there any alternative treatments?

Your consultant may choose one or more of the above treatment / management options if one has not been successful.

## What happens after the treatment?

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- You may experience some discomfort for several days after this procedure. This is not unusual and you may take a mild painkiller such as paracetamol. Avoid medication containing Aspirin as it can increase the risk of bleeding.
- Constipation and hard faeces should be avoided by using fibre rich food and plenty of fluid to help the passage of bowel movements during the healing process.
- Strong laxatives, enemas and suppositories should be avoided.

## Contacts

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In the unlikely event that you experience any of the following symptoms:

- Feeling unusually feverish
- Losing large amounts of blood
- Having difficulty passing urine
- Experience swelling of the anus

Please feel free to contact the endoscopy unit between 8am–6pm Monday to Friday on **(01483)571122** ext. **4409** or out of hours, advice can be obtain from your local accident and emergency department or GP.

## References

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- [www.patient.co.uk/health/piles-haemorrhoids](http://www.patient.co.uk/health/piles-haemorrhoids)
- [www.nhs.uk/conditions/haemorrhoids/pages/what-is-it-pages.aspx](http://www.nhs.uk/conditions/haemorrhoids/pages/what-is-it-pages.aspx)





## Contact details

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If you require further information or advice, please feel free to contact us.

### Endoscopy Unit

**Telephone:** 01483 571122 **ext** 4409 (8am–6pm, Monday to Friday)

During out of hours, advice can be obtained from your local accident and emergency department or GP.

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### PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** rsc-tr.pals@nhs.net

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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