CONDITION

Hemorrhoids

Hemorrhoids are swollen or displaced tissue and blood vessels in or around the anus

WHAT IT IS
Enlarged or displaced tissue in or around the anus

BODY SYSTEM
Digestive system

MAIN SYMPTOMS
Bright red bleeding, itching, swelling, pain

WHAT CAUSES IT
Pressure and weakening of anal supporting tissue

HOW IT IS DIAGNOSED
Examination, digital rectal examination, and anoscopy

MAIN TREATMENT
Bowel-habit changes, office procedures, or surgery

CAN IT BE CURED?
Sometimes - treated hemorrhoids can recur

IS IT AN EMERGENCY?
Sometimes - heavy bleeding, fainting, or severe worsening pain

LONG-TERM OUTLOOK
Usually manageable, though symptoms may return

Overview

Hemorrhoids are cushions of blood vessels and supporting tissue in the anus and lower rectum. Everyone has this tissue. It helps the anus close properly and control bowel movements.

The condition called hemorrhoids develops when these cushions become enlarged, irritated, or displaced. Hemorrhoids are also called piles.

Internal hemorrhoids form inside the rectum. They may bleed or move downward during a bowel movement. When an internal hemorrhoid comes through the anus, this is called prolapse.

External hemorrhoids develop under the skin around the anus. If a blood clot forms inside one, it is called a thrombosed external hemorrhoid. This can cause sudden pain and a firm lump.

Hemorrhoids are usually manageable and are not cancer. However, rectal bleeding should not automatically be blamed on hemorrhoids. Other bowel conditions can cause similar bleeding and may need different care.

Symptoms

Symptoms depend on whether the hemorrhoids are internal, external, prolapsed, or affected by a blood clot.

Common symptoms include:

Internal hemorrhoids often cause painless, bright red bleeding. They may become uncomfortable if they prolapse. Some return inside by themselves, while others remain outside or can be gently pushed back.

External hemorrhoids may cause tenderness or itching. A thrombosed external hemorrhoid often appears as a painful, firm, blue or purple lump. The pain may be strongest during the first few days and then gradually improve as the clot is absorbed.

Black, tar-like stool is not a usual hemorrhoid symptom. Neither are abdominal pain, unexplained weight loss, or a lasting change in bowel habits. These symptoms need medical assessment.

- Bright red blood on toilet paper, stool, or in the toilet
- Itching, irritation, or dampness around the anus
- A lump or swelling near the anus
- Tissue that comes out during a bowel movement
- Pain, especially with an external blood clot
- Mucus or difficulty cleaning after a bowel movement

Causes and risk factors

Hemorrhoids do not have one single cause. They are linked to increased pressure in the anus and rectum, along with weakening of the tissue that holds the anal cushions in place.

Factors that may contribute include:

Pregnancy can increase pressure in the pelvic veins, and hormonal changes may contribute to constipation. Symptoms often improve after pregnancy, although this is not guaranteed.

Long periods of sitting during the day are not the same as prolonged toilet sitting. The main

concern on the toilet is repeated straining or remaining there longer than needed.

Hemorrhoids are not caused by poor cleanliness. Spicy food does not create them, although it may make irritation feel worse for some people.

- Straining during bowel movements
- Constipation or frequent diarrhea
- Sitting on the toilet for long periods
- Pregnancy and childbirth
- Regular heavy lifting
- Getting older
- A low-fibre eating pattern
- Being overweight or having obesity

Diagnosis

A clinician will usually ask about bleeding, pain, bowel habits, medicines, pregnancy, and any family history of bowel disease or colorectal cancer.

External or prolapsed hemorrhoids may be seen during an examination of the anal area. A digital rectal examination may also be done. This means a gloved, lubricated finger is gently placed into the rectum to check for lumps, tenderness, or blood.

Internal hemorrhoids can be examined with an anoscope. This is a short, hollow instrument that allows the clinician to see inside the anus and lower rectum. The examination is usually brief.

Rectal bleeding has many possible causes, including anal fissures, bowel inflammation, polyps, and colorectal cancer. Depending on your age, symptoms, family history, and screening history, further testing may be recommended. This could include a flexible sigmoidoscopy or colonoscopy, which use a thin camera to examine part or all of the colon.

Not everyone with suspected hemorrhoids needs a colonoscopy. Its purpose is often to look for another source of bleeding rather than to confirm an obvious external hemorrhoid.

Treatment and management

Treatment is based on the type of hemorrhoid and how much it affects you. Many mild

symptoms improve with measures that reduce straining and make stool easier to pass.

Helpful bowel habits may include eating more fibre, drinking enough fluid, being physically active, and going to the toilet when you feel the need. Increase fibre gradually to limit gas and bloating. Avoid prolonged toilet sitting and repeated straining.

A clinician may suggest a fibre supplement or a medicine that softens stool when food changes are not enough. These products are not suitable for every situation, so follow their directions and seek advice if constipation persists.

Warm baths may temporarily ease soreness. Gently cleaning with water and patting the area dry can reduce irritation. Avoid vigorous wiping and heavily scented products.

Non-prescription creams, ointments, pads, or suppositories may briefly reduce itching or discomfort. They do not remove the underlying hemorrhoid. Some ingredients should only be used for a short time because prolonged use can irritate or thin the skin. A pharmacist or clinician can help you choose an appropriate product.

If symptoms continue, office treatments may be considered for internal hemorrhoids:

These procedures are generally used for internal hemorrhoids, not external ones. More than one treatment session may be needed.

Surgery may be offered for large prolapsing hemorrhoids, combined internal and external hemorrhoids, or symptoms that have not improved with other care. Hemorrhoidectomy removes hemorrhoidal tissue. Other procedures reduce blood flow or reposition prolapsed tissue. Recovery, discomfort, recurrence risk, and possible complications differ between procedures.

A very painful thrombosed external hemorrhoid sometimes improves with pain management and time. In selected cases, an early procedure to remove the clot and affected tissue may provide faster relief. Assessment soon after severe pain begins helps clarify the options.

- Rubber band ligation: A small band cuts off the hemorrhoid's blood supply so it shrinks and falls away
- Sclerotherapy: A solution is injected to make the hemorrhoid shrink
- Infrared coagulation: Heat or light creates scar tissue that reduces blood flow

Complications

Complications from hemorrhoids are uncommon, but they can happen.

Repeated bleeding can rarely lead to iron-deficiency anaemia, meaning the body does not have enough healthy red blood cells because it has lost iron. Possible signs include unusual

tiredness, shortness of breath, weakness, or pale skin.

A prolapsed internal hemorrhoid can become trapped outside the anus. Its blood supply may be reduced, causing marked pain and swelling. External hemorrhoids can develop painful clots and may leave a harmless skin tag after the swelling settles.

Procedures can cause temporary pain or bleeding. Less common problems include infection, difficulty urinating, narrowing of the anal canal, or problems with bowel control. Heavy bleeding, fever, increasing swelling, or worsening pain after a procedure needs prompt medical attention.

Prevention

Hemorrhoids cannot always be prevented. Pregnancy, ageing, and natural changes in supporting tissue cannot be fully controlled. Symptoms may also return after successful treatment.

You may reduce pressure on the area by keeping stool soft and avoiding straining. A fibre-rich eating pattern can include vegetables, fruit, beans, whole grains, nuts, and seeds. Drink enough fluid for your needs unless you have been advised to restrict fluids.

Regular movement can support normal bowel function. Respond to the urge to have a bowel movement rather than delaying it. On the toilet, avoid forcing the stool or remaining seated for long periods.

These steps lower common triggers, but they cannot guarantee that hemorrhoids will not develop or return.

Living with it and what to expect

Mild swelling, itching, and bleeding may settle over several days as constipation or irritation improves. A thrombosed external hemorrhoid may remain tender for longer, and the lump can take several weeks to shrink. A skin tag may remain afterward.

Over months or years, symptoms may come and go. Constipation, diarrhea, pregnancy, or repeated straining can trigger another episode. Keeping bowel movements soft may reduce flare-ups, but it does not permanently remove enlarged tissue.

Office procedures often reduce bleeding or prolapse, although repeat treatment may be needed. Surgery can provide longer-lasting relief for more advanced hemorrhoids, but recovery is usually more involved and recurrence is still possible.

Most people can continue their usual work, exercise, travel, and sexual activity as comfort allows. During a painful episode or after a procedure, temporary changes may be needed. Follow the recovery instructions given for any procedure.

Keep track of new or repeated bleeding rather than assuming every episode has the same cause. Routine follow-up is appropriate if symptoms keep returning, interfere with daily life, or do not improve with basic care.

When to get medical help

Arrange a routine medical appointment for new rectal bleeding, especially if it has not been assessed before. You should also make an appointment if symptoms last more than about a week despite home care, keep returning, or include a persistent lump or prolapse.

Seek prompt medical advice for severe anal pain, particularly when it begins suddenly with a firm lump. Early assessment can distinguish a thrombosed hemorrhoid from an abscess or another painful condition.

Get urgent or emergency help if you have:

If you take a medicine that reduces blood clotting, report rectal bleeding promptly. Do not stop a prescribed medicine unless the clinician responsible for it tells you to do so.

- Heavy, continuous, or rapidly increasing rectal bleeding
- Fainting, marked dizziness, confusion, or severe weakness
- Black, tar-like stool
- Rectal bleeding with severe abdominal pain
- Fever, pus, spreading redness, or rapidly worsening swelling
- Severe or worsening pain after a hemorrhoid procedure

Common questions

Do hemorrhoids go away on their own?

Mild symptoms often settle when pressure and irritation improve. A small external clot may also shrink without a procedure. Enlarged or prolapsing tissue may remain, however, and symptoms can return.

How long do hemorrhoids last?

Minor irritation may improve within several days. A thrombosed external hemorrhoid can take

several weeks to fully shrink. Persistent bleeding, pain, or prolapse should be assessed rather than managed indefinitely at home.

Can hemorrhoids turn into cancer?

No. Hemorrhoids do not turn into colorectal or anal cancer. The concern is that these conditions can sometimes cause similar symptoms, particularly rectal bleeding. New or unexplained bleeding should therefore be evaluated.

Why do hemorrhoids bleed?

Enlarged internal hemorrhoids have a delicate surface. Passing stool or straining can damage that surface, producing bright red blood. The amount is often small, but the appearance alone cannot confirm that hemorrhoids are the source.

Can I push a prolapsed hemorrhoid back in?

Some soft, mildly prolapsed internal hemorrhoids can be gently guided back inside. Do not force painful, very swollen, dark, or firmly trapped tissue. Seek prompt assessment if it cannot be returned or pain is severe.

Are hemorrhoids common during pregnancy?

Pregnancy can increase pelvic pressure and constipation, making hemorrhoids more likely. They often improve after childbirth. Discuss medicines and topical products with a maternity clinician or pharmacist because not every product is appropriate during pregnancy.

Sources

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