

# Non-Surgical Therapies for Hemorrhoids

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Hemorrhoids are an interconnecting system of blood vessels in the lower rectum and anus that occur in all people and are a normal part of the body. Half of the population will have symptomatic hemorrhoids at some time during their adult lives. Hemorrhoids become a problem when they enlarge and cause:

- *Itching,*
- *Pain,*
- *Bleeding,* and/or
- *Incontinence.*

Advanced age, pregnancy, diarrhea, and constipation with straining may cause hemorrhoids to enlarge. Symptomatic hemorrhoids typically respond to conservative treatment, such as stool softeners, which reduce constipation and straining, and astringents such as witch hazel that aid shrinkage. Frequent warm baths are also helpful. In some instances the bothersome hemorrhoids may persist and will require further treatment. Resistant hemorrhoids may protrude from the anus and remain down but can often be treated by surgery or with rubber band *ligation* (placement of tight rubber bands which cause hemorrhoids to drop off). Luckily, persistent symptomatic hemorrhoids

that do not protrude and remain down do not require surgery.

Treatment with *rubber band ligation*, *infra-red coagulation* and *injection sclerotherapy* are several therapies available.

*Infra-red coagulation* involves directing a special light beam onto the hemorrhoid.

*Injection sclerotherapy* entails injecting a caustic medicine directly into the hemorrhoid.

Researchers at the University of Illinois College of Medicine who studied the outcomes of these therapies presented their findings at the *American College of Gastroenterology Annual Meeting in Boston, Massachusetts*.

Five published studies were compiled and the results compared in a "meta-analysis" (the collective use of several small studies employed to determine significant results).

Rubber band ligation was performed on 366 patients, infra-red coagulation on 307 and injection sclerotherapy on 190. The patients were followed for one year. Regardless of the type of therapy almost 75% of these individuals initially responded. At one year, about 40% were free of symptoms and 5% experienced bleeding. *While only 4% of those who underwent infra-red coagulation experienced pain*, up to 50% of the patients

treated with rubber band ligation or injection sclerotherapy had pain. Re-treatment was required in less than 10% of persons treated with rubber band ligation, 16% treated with infra-red coagulation and about 20% treated with injection sclerotherapy. Even though fewer patients who had rubber band ligation required re-treatment, this greater long-term response was achieved at the expense of increased pain.

*The researchers concluded that each of these forms of therapy provided equivalent symptom of relief.* The optimal form of treatment for hemorrhoids must be tailored to the individual and is dependent on the doctor's experience.

**Infra-red coagulation** consists of the application of a probe heated by infrared light to the feeding vessels of the hemorrhoids. It is a painless and quite effective method.

**Therefore at MyPhysician Associates we elected this method to treat Internal Hemorrhoids.**