HEMORRHOIDS
Factors associated with development of
- Genetic
- Increased venous pressure from various causes
- Rectal tumors & causes for incomplete evacuation of stool from the rectum

HISTORY
- Bleeding & rectal pain most common complaint
- Dietary consumption of roughage
- Characteristics & degree of pain, itching, burning
- Characteristics & severity of bleeding - on toilet paper, in bowl, mixed with stool

PHYSICAL EXAM
- Internal hemorrhoids - one or more intrarectal masses, usually soft & tender
- Bleeding of hemorrhoids coats stool whereas stool itself is negative for blood
- Internal hemorrhoids may be large & prolapse through anus
- Thrombosed hemorrhoids - firm & tender
**TREATMENT**

- Proper bowel & eating habits best preventative measures
- Cold packs 1st few hours, hot sitz bath bid for 20-30 minutes
- Use of bulk laxatives or a high fiber diet, stool softeners & lubricants
- Medications - astringent OTC in creams & suppository forms

**FOLLOW-UP**

- Refer to GI if no improvement in symptoms in 4-7 days or have severe bleeding, unrelied constipation
- Minimize recurrence by reviewing preventative measures