

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, unrelieved constipation
- ⌘ Minimize recurrence by reviewing preventative measures
