

# Management of Hemorrhoids

تفريغ: سجي الخلايلة

## Non-Prescription Drugs and Parapharmaceuticals

Dr. Rawan Abudalo  
Department of Clinical Pharmacy and Pharmacy Practice  
Faculty of Pharmaceutical Sciences  
Hashemite University



# Definition

- Alternative Names: Rectal Lump, Piles.

- Definition: dilated or enlarged veins in the lower portion of the rectum or anus.

→ Painless Condition, it becomes Painful

- they may eventually bleed.

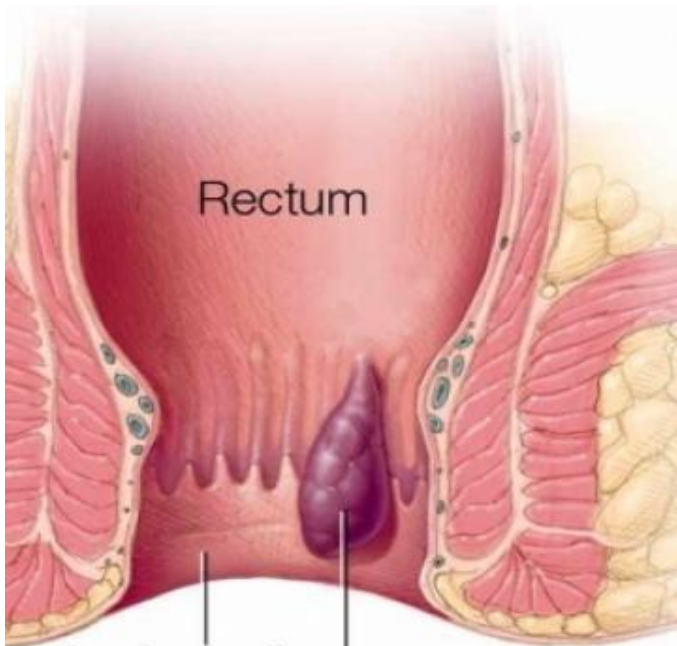
once it start to Bleed, inflam ed,

- Hemorrhoids may also become inflamed or may develop a blood clot (thrombus).

Thrombosis

في غير كبريات و قاعيل ج الصبه ليا - مكتوب عليها Rectal Creams ذ احنا بنا

نوف سوار Target بالعلاج وقت يحتاج ل Medical referral

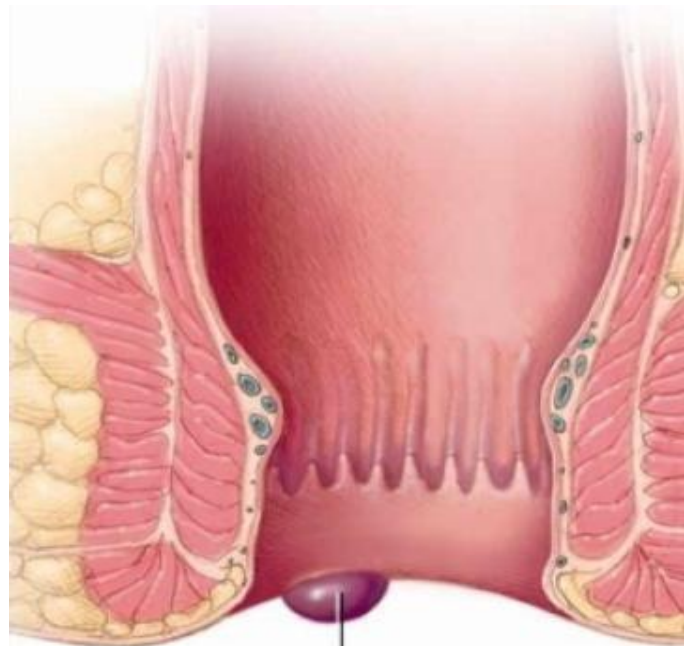


Anal canal

Rectum

Internal  
hemorrhoid

The origin of  
→ the pile is  
the internal  
site of the  
rectum,  
anus



External  
hemorrhoid

# Classification

They are Painless but they tend to bleed, inflamed or to have Thrombosis because of blood clotting

## Haemorrhoids

### Internal

Inside the rectum.  
They are painless but tend to bleed.

### Prolapsing internal

An internal structure has fallen down or slipped out of place.  
An internal hemorrhoids will convert into the **prolapsed** when it leaves the rectum and start appearing outside the anus

The Patient  
Can push it  
in

### External

Outside the anus and can be seen and felt.

These Grades decide the treatment Also the recurrence

\*The patient may need a surgery

The most serious one

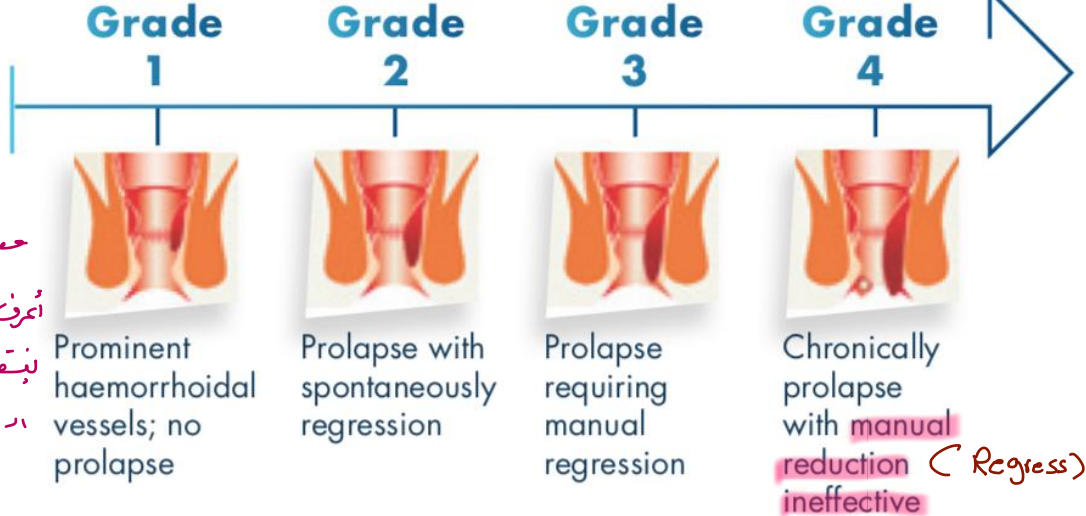
Internal hemorrhoids are graded based on the extent of prolapse:

حسّ وعلوب حسب لازم

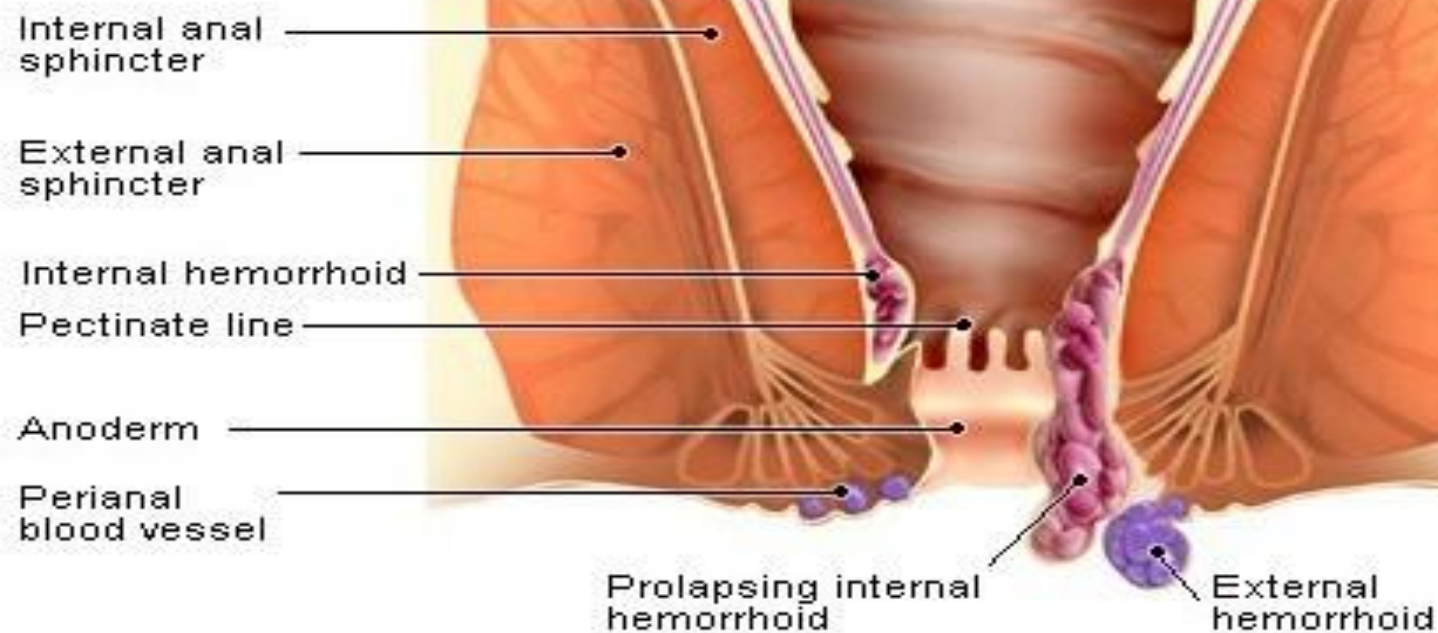
internal hemorrhoids

بنقسم ل Grades

Extent of prolapse



# Formation of hemorrhoids



# Epidemiology

- The risk of developing haemorrhoids increases with advancing age and peaks in individuals 45-65 years of age.
- The incidence of haemorrhoids in pregnant women is higher than that of non-pregnant women of similar age.

# Hemorrhoids causes

1. Straining or applying pressure during bowel movements
2. Regularly lifting heavy objects
3. Obesity- This will increase the force of excretion of stool
4. Low fiber in diet- This condition will cause constipation
5. Age: Hemorrhoids are most common in people who have crossed the age of 45 to 65 years.
6. Chronic constipation: Straining to move stool puts additional pressure on the walls of the blood vessels.

Applying pressure to initiate bowel motion responsible to cause dilatation for the veins inside the rectum or anus so any factor that cause constipation it will be consider as well a factor to cause hemorrhoids.

# Hemorrhoids causes

8. **Sitting for too long**: Staying in a **seated position** for long periods of time can cause hemorrhoids.
9. **Pregnancy**: They occur more commonly in pregnant women because, as the **uterus enlarges**, it presses on the vein in the colon, causing it to **bulge** *and Gestational age*
10. **Diet**- Eating too much spicy and oily food may increase the percentage for hemorrhoids development.

## Significance of questions and answers-Duration and previous history

- the pharmacist might consider treating haemorrhoids of up to 3 weeks' duration.

يعني، المبريداني محكمه ليترخن ديجل treatment لمدة 3 أسابيع، اول Time scale انك خذك one week ازا طابقي  
• improvement، المرضك لازم يروح عى Medical referral

- It would be useful to establish whether the patient has a previous history of haemorrhoids and if the doctor has been seen about the problem.

لانك بعد فيه الأزمات الي بتكرر حدودها .

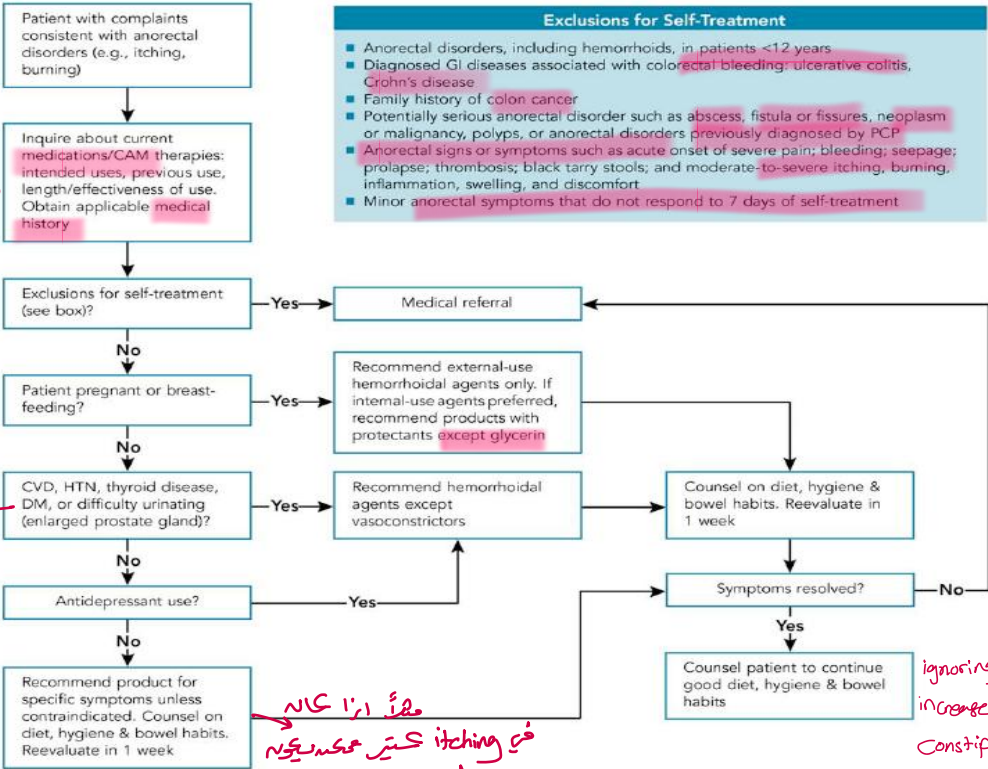
# Significance of questions and answers-

## Hemorrhoids symptoms

1. Painless **bleeding** during bowel movements .
2. **Itching or irritation** in anal region.
3. **Discomfort** in rectal area.
4. **Swelling** around anus due to **inflammation** of hemorrhoids.
5. **Pain is unusual unless thrombosis involving external tissue is present.**
6. **Burning sensation** in rectal while excretion.

# Self-care treatment of Hemorrhoids

- ### Exclusions for Self-Treatment
- Anorectal disorders, including hemorrhoids, in patients <12 years
  - Diagnosed GI diseases associated with colorectal bleeding: ulcerative colitis, Crohn's disease
  - Family history of colon cancer
  - Potentially serious anorectal disorder such as abscess, fistula or fissures, neoplasm or malignancy, polyps, or anorectal disorders previously diagnosed by PCP
  - Anorectal signs or symptoms such as acute onset of severe pain; bleeding; seepage; prolapse; thrombosis; black tarry stools; and moderate-to-severe itching, burning, inflammation, swelling, and discomfort
  - Minor anorectal symptoms that do not respond to 7 days of self-treatment



(History)

in those cases we cant use vasoconstrictor products.

في حالة التهاب في فتحة الشرجية  
 مع التهاب  
 inflammation

ignoring going to the bathroom can increase the incidence of having constipation as well as hemorrhoids

FIGURE 18-2 Self-care of hemorrhoids. Key: CAM, complementary and alternative medicine; CVD, cardiovascular disease; DM, diabetes mellitus; GI, gastrointestinal; HTN, hypertension; PCP, primary care provider.

بدراسة



Table 7.24

Specific questions to ask the patient: Haemorrhoids

Question	Relevance
Duration	Patients with haemorrhoids tend to have had symptoms for some time before requesting advice. However, patients with symptoms that have been constantly present for >3 weeks should be referred.
Pain	Pain, if experienced, tends to occur on defecation but is also noticed at other times for example when sitting. Pain is usually described as a dull ache. Sharp or stabbing pain at the time of defecation can suggest an anal fissure or tear.
Rectal bleeding	Slight rectal bleeding is often associated with haemorrhoids. Blood appears bright red and might be visible on the toilet bowl, surface of the stool or pink-coloured water in the toilet bowl. Rectal bleeding is usually a direct referral sign but if due to haemorrhoids referral is usually not necessary unless the patient is unduly anxious. Blood mixed in the stool has to be referred to eliminate a GI bleed. Large volumes of blood or blood loss not associated with defecation must be referred to eliminate possible carcinoma.
Associated symptoms	Symptoms associated with haemorrhoids are usually localized; for example, anal itching. Other symptoms such as nausea, vomiting, loss of appetite and altered bowel habits should be viewed with caution and underlying pathology suspected. Referral would be needed.
Diet	A lack of dietary fibre that leads to constipation is a contributory factor to haemorrhoids. The passage of hard stools and straining during defecation can cause haemorrhoids. Find out about the patient's diet and current bowel habits.

GI, Gastrointestinal.

# Haemorrhoids Treatment

- Aims of treatment :
  - Relieve symptoms and maintain remission.
  - prevent complications.
- The treatment for hemorrhoids is different depending on the severity of the problem. Most of the time, the treatment is conservative and performed at home.

↓  
Creams, ointment, Supp
- **Treatment timescale** : If symptoms have not improved after 1 week, patients should see their doctor.
- In severe or persistent cases, there may be a need for surgical intervention, following assessment at the GP surgery

# Non-pharmacological therapy

1. Soak regularly in a warm bath to relax the muscle and reduce the muscle tension and pain

2. Keep the anal area clean to avoid infection.

3. High fiber diet

4. Not ignoring going to the bathroom

5. Avoid long seat condition

6. Avoid straining in the bathroom

7. Avoid spicy, oily, fatty diets

8. Soft the area with warm pads  
So it will cause relaxation of the  
muscle and reduce potential and pain

## Non-prescription medication for hemorrhoids

- The FDA has identified several ingredients as safe and effective to alleviate burning, discomfort, inflammation, irritation, itching, pain, and swelling.
- These products are simply palliative; they are not meant to cure hemorrhoids or other anorectal disease.

They will control the symptoms

انهم سيقومون بالتحكم في الأعراض

## Product selection guidelines

Knowledge of:

1. Type, **location** and **severity** of anorectal disorder.
2. **Past medical history**.
3. **Medications** or allergies.
4. **Ability to apply or insert medications** →
5. Other factors as diet and daily activity

کچھ کبیر دوائی حدیابہ

# Local anaesthetics

- **Work by blocking nerve- impulse transmission.**
- Safe and effective : benzocaine 5%-20%, lidocaine 2%-5% (e.g., Xylocaine) , and tetracaine 0.5%-1%.
- They relieve symptoms of **pain, itching, burning, discomfort.** *→ Because they block the pain pulses to this area*
- Products should not be applied to abraded skin as this will increase absorption systemically. *→ they will cause systematic side effect*



# Vasoconstrictors

- **Decrease mucosal perfusion by causing vasoconstriction** in the ano-rectal area after **topical application**. → *They reduce the vasodilation so they relieve the symptoms*
- For temporary relief of itching, discomfort, and irritation.
- They are **structurally related to catecholamines as ephedrine and phenylephrine**.



## Protectants

*to prevent the direct contact between any irritant by a physical barrier*

- Provide a physical barrier, forming a protective coating over skin or mucous membranes.
- for temporary relief of itching, irritation, discomfort, and Burning..
- Products include aluminum hydroxide gel ,lanolin, (external use only).
- Systemic absorption is minimal, thereby systemic adverse effects are uncommon.



تجاول تيسد ال Tissue عفدال

## Astringents

infected area



- **Lessen mucus and other secretions and protect underlying tissue** through a local and limited protein coagulant effect .
- They provide temporary relief of **itching, discomfort , irritation,** and burning.
- Products considered to be **safe and effective** include **bismuth salts , witch hazel,** (external use only) .

# Topical steroids

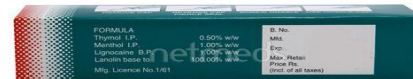
- Hydrocortisone, in concentrations of no more than 1%, is the only corticosteroid approved for nonprescription use in anorectal preparations.
- ↓ Inflammation, ↓ swelling, ↓ itching and hence ↓ pain.
- The use of such products is restricted to those over 18. Treatment should not be used continuously for longer than 7 days.

Ingredient	Concentration per Dosage Unit (%)	Frequency of Use (Maximum Daily Dosage)
<b>Corticosteroids</b> Hydrocortisone	0.25–1	Up to 3–4 times/day



# Counterirritants

- Counterirritants such as *menthol* are sometimes included in antihaemorrhoidal products on the basis that their stimulation of nerve endings gives a sensation of cooling and tingling, which distracts from the sensation of discomfort. *Menthol* and *phenol* also have antipruritic actions.
- Stimulation for nerve endings will distract for the discomfort
- It will distract the pain sensation



## ***How to use OTC products***

Rectally

- Ointments and creams can be used for internal and external haemorrhoids and should be applied in the morning, at night and after each bowel movement.
- An applicator is included in some packs of ointments and creams, and patients should be advised to take care in use to avoid any further damage to the perianal skin.
- Suppositories can be recommended for internal haemorrhoids. A suppository should be inserted in the morning, at night and after bowel movements

## Follow the following methods for the prevention of hemorrhoids

- **Dietary changes** *Prolapsce ← Origin من External Creams <sup>حرف</sup> External*  
*(Externally) Creams + (internally) Supp <sup>و</sup> + تحاميل*  
*من آمله ال Symptoms*
- Drink more liquids and eat more leafy green vegetables, which will make stools bulkier and softer to relieve constipation.
- Some people with constipation or hard stools may benefit from increasing the amount of fiber in their diet.

## Follow the following methods for the prevention of hemorrhoids

- Don't stop the urge → Don't ignore going to the bathroom.

If you feeling to go for toilet than immediately you should go, we should not avoid excretion and shouldn't ignore it.

## Follow the following methods for the prevention of hemorrhoids

- Exercise *without carrying heavy objectives*

Doing exercise and maintain body health will reduce pressure on veins, which can occur with long periods of standing or sitting.

- Stool softeners, If a laxative causes watery, runny stools, it could cause an infection in the anus and should not be used.

*we should use the laxative that doesn't cause watery stool*

## Follow the following methods for the prevention of hemorrhoids

- Sitting restrictions

Sitting too long, particularly on the toilet, can increase the pressure on the veins in the anus.

## PATIENT EDUCATION FOR Anorectal Disorders (continued)



### Nonprescription Medications

- Anorectal products contain local anesthetics, vasoconstrictors, protectants, astringents, keratolytics, and/or analgesics/anesthetics/antipruritics. Select products containing only ingredients needed to relieve specific symptoms.
- See Table 18-3 for guidelines for applying anorectal products.
- See Table 18-4 for recommended dosages.
- Use only selected vasoconstrictors (ephedrine and phenylephrine), protectants (not glycerin), and astringents (calamine and zinc oxide) inside the rectum.
- Use only products approved for external use if patient is pregnant. If internal use is required, protectants with the exception of glycerin, may be used.
- If patient has a history of cardiovascular disease, diabetes, hyperthyroidism, hypertension, or difficulty urinating due to prostate problems, avoid topical products containing vasoconstrictors.
- If patients are taking medications to treat hypertension or depression, then avoid the use of any anorectal product containing vasoconstrictors without first consulting your primary care provider.
- Anorectal products containing ephedrine sulfate or phenylephrine may cause nervousness, tremor, sleeplessness, nausea, and loss of appetite.
- Appropriate use of anorectal products should reduce or relieve symptoms within a few days of self-treatment.

- Patient preferences should be considered, especially when specific products may be used to treat the same symptoms, when there is a choice between an ointment and a suppository, and when generic products are available.



Stop using the anorectal product and contact a primary care provider as soon as possible if insertion of a product into the rectum causes pain.



Contact a primary care provider if symptoms worsen, new symptoms such as bleeding develop, or symptoms do not improve after 7 days of self-treatment.



Certain people may develop allergic or hypersensitivity reactions to products containing recommended concentrations of approved ingredients. Discontinue product and contact a primary care provider as soon as side effects develop, such as a rash or increased itching, redness, burning, or swelling in the anorectal area.