



## Common Gastrointestinal Problems — Rectal Complaints

The rectum refers to the last four to five inches of the digestive tract. The rectal outlet or opening is called the anal canal, or anus. There are many troublesome problems that can occur in the rectum. Fortunately, most are treatable when recognized early and properly diagnosed. Rectal symptoms of pain and bleeding should always be thoroughly evaluated by your physician. Sometimes your doctor may advise you to see a specialist in digestive disorders (called a gastroenterologist) or a surgeon who has received special training in diseases of the colon and rectum (called a colorectal surgeon or proctologist).

### WHAT ARE HEMORRHOIDS?

Hemorrhoids are veins in the anal canal that become swollen or stretched. Just like varicose veins in the lower legs, hemorrhoids often cause no problems.

### WHAT ARE THE DIFFERENT TYPES OF HEMORRHOIDS?

There are two types of hemorrhoids: external and internal. External hemorrhoids are swollen veins that can be seen under the skin outside the anal canal. Usually they look like a small bulge and are the same color as the skin. Internal hemorrhoids are swollen veins that arise from inside the rectum. When internal hemorrhoids become large they may prolapse through the anal canal. The most common sign of hemorrhoids are traces of bright red blood on toilet paper or drops of blood into the toilet. Thrombosed hemorrhoids contain a blood clot and are painful.

Burning, discomfort, and itching may result if hemorrhoids become irritated.

### HOW DO HEMORRHOIDS DEVELOP?

Hemorrhoids are very common. About half the population have hemorrhoids by age 50 years. Hemorrhoids develop due to increased pressure often caused by straining to have a bowel movement. Hemorrhoids frequently develop in women during pregnancy when the presence of the fetus causes increased pressure on the rectal area. Chronic constipation or diarrhea may also lead to hemorrhoids as may heredity and aging.

### HOW ARE HEMORRHOIDS DIAGNOSED?

As with all conditions involving the anal canal or rectum, diagnosis is made by examining the anus visually and by performing a digital (with a gloved finger) rectal exam. Following this, a lighted instrument is inserted into the anal canal so that the interior of the rectum may be visualized. This lighted tube may be an anoscope (a short tube which can examine the last few inches of the rectum) or a sigmoidoscope (a longer tube which can also examine the lower part of the large intestine).

### HOW ARE HEMORRHOIDS TREATED?

#### Medical treatment

Eliminate constipation. Bowel movements should be soft not hard, and should pass without the need to strain. Constipation is usually caused by insufficient bulk in the bowel movement, creating the need to strain to pass it. Increasing water intake, dietary fiber (see table) and exercise are often effective remedies. The average American diet is often deficient in fiber, and your doctor may advise you to take fiber supplements.

There are many medicated creams and/or suppositories that can be used to reduce swelling and discomfort of inflamed hemorrhoids, examples include Preparation H® and Anusol®. It may also be helpful to sit in a tub of warm water (sometimes called a “sitz bath”) several times a day, especially after a bowel movement. Cotton pads soaked in witch hazel may also provide temporary relief.

#### Surgical treatment

When hemorrhoids bleed excessively or are very painful, they can be treated. There are several types of treatment:

#### Sclerotherapy

Injection of a chemical solution into the hemorrhoids causing them to shrink.

#### Infrared coagulation

A special device used to destroy the internal hemorrhoids.

## Banding

A rubber band is placed around the hemorrhoid and causes strangulation followed by scarring.

## Hemorrhoidectomy

Surgical removal of hemorrhoids.

For More Information about Digestive Health and GI Conditions  
Call the American College of Gastroenterology Hotline at  
1-800-978-7666

Or visit The website at <http://www.acg.gi.org>

## Sources of Fiber Table

SOURCES OF FIBER "bulk" or "roughage"		
Vegetables	Serving	Fiber grams per serving
Green beans	1/2 cup	2
Kidney beans	1/2 cup	5
Broccoli	1/2 cup	2.5
Brussel sprouts	1/2 cup	3.5
Carrots	1/2 cup	2.5
Corn	1/2 cup	3
Green peas	1/2 cup	3.5
Lettuce	1/2 cup	.5
Potato (with skin)	1/2 cup	2
Fruits	Serving	Fiber grams per serving
Apple	medium	2.5
Banana	1	2
Blackberries	1 cup	7
Cantaloupe	1 wedge	1
Grapefruit	medium	3.5
Grapes	1 cup	1
Orange	1 medium	3
Pear	1 medium	4.5
Prunes	1 cup	13.5
Raspberries	1 cup	6
Strawberries	1 cup	3.5

SOURCES OF FIBER "bulk" or "roughage"		
Grain products	Serving	Fiber grams per serving
Bread, white	1 slice	.5
Bread, whole wheat	1 slice	2
Cereal, bran	1 ounce	8.5
Cereal, corn flakes	1 ounce	.5
Cereal, oat bran	1 ounce	4
Shredded wheat	1 ounce	2.5
Crackers, graham	4 squares	1
Crackers, saltine	10 regular	1
Rice, brown	1/2 cup	5
Rice, white	1/2 cup	1.5
Spaghetti	2 ounces	2.5
Supplements	Serving	Fiber grams per serving
Metamucil®	1 tsp	3.4
PerDiem®	1 tsp	4.3
Konsyl®	1 tsp	6

The average American daily diet contains only 10-20 grams of fiber – the goal is 30-35 gms/daily.