

Common anal and rectal problems

1. Haemorrhoids

The word “haemorrhoid” describes enlargement of the normal veins which occur in the lower rectum. Symptoms can include bleeding, itching, minor soiling of underwear and a sense of a lump at the anus. Pain can occur when haemorrhoids prolapse (pass into or beyond the anal canal).

There are many possible causes for haemorrhoids but none of these have been proven apart from the clear role of pregnancy. Other possible links may be – constipation, excess straining on the toilet, a lack of dietary fibre and an inactive lifestyle.

The most important step in diagnosis is to rule out other serious causes of these symptoms. Because bleeding may also be a sign of large polyps or cancer it is very important to have the colon examined to rule this out, usually with a colonoscopy.

Intervention is only required when haemorrhoids cause symptoms as they are not due to abnormal tissue and do not increase the chance of diseases like cancer. Treatment of haemorrhoids varies according to the symptoms and degree of prolapse. All patients should take steps to avoid straining at stool including – increasing fibre and water intake if needed, using stool softeners or bulking agents such as Metamucil or Benefiber, avoiding constipating medications and responding promptly to the urge to defecate. Other more invasive treatment can include using rubber band ligation, injection therapies or surgery. These procedures are usually considered following consultation with a surgeon. As always, if symptoms persist, your doctor should be informed to allow a decision regarding further investigations or treatments.

2. Anal fissures

An anal fissure is a tear in the lining of the anal canal following stretching of the mucosa beyond its capacity. It most frequently occurs with the passage of hard or large stools. As this region has a rich nerve and blood supply this can lead to intense anal pain and there is usually some minor blood loss. Patients can have so much pain they become very apprehensive about going to the toilet, leading to further constipation and then more damage to the tear when the stools become harder. There tends to be resultant spasm in the anal sphincter muscle which then reduces blood flow to the tear and holds the edges of the tear apart. Both of these factors impair healing and many acute anal fissures can go on to become a chronic problem.

As with all causes of rectal bleeding, it is very important that other serious causes of blood loss have been ruled out with an examination of the bowel, usually a colonoscopy.

Treatment is directed at the factors which impair healing. It is very important to make the stools quite soft, usually aiming for a porridge consistency so that passage is fairly effortless. This most often requires laxatives for at least one month. Taking an osmotic laxative such as movicol, Epsom salts or lactulose is quite safe and will not result in any long term bowel problems. The spasm in the anal sphincter can be relaxed with heat such as warm sitz baths (10-15 minutes, 2-3 times per day) or a warm shower after going to the toilet. Anal creams containing glyceryl trinitrate (GTN) eg

Rectogesic work by improving blood flow to the anal canal and relaxing the anal sphincter. This can be applied three times a day but can be associated with a pounding headache due to relaxation of the blood vessels to the head. It is best to have the first dose when not required to work or drive in case this occurs. Patients should try to minimise getting the cream onto normal external skin to avoid this side effect.

Most patients can achieve healing of the anal fissure with these steps but if this fails, other surgical treatments can be offered.

Pruritis ani (anal itch)

Anal itch is a common symptom and intractable itch can be very distressing. It can occasionally be a marker of a serious condition but in most cases is due to establishment of an "itch/scratch" cycle. Many of the serious "not to be missed" causes can be ruled out with examination of the area and simple tests.

Other factors to consider include:

- Poor skin condition due to sweating, faecal leakage , obesity
- Dermatitis (skin inflammation) in the anal area due to soaps/creams/perfumed toilet paper
- Infections like thrush, pinworms or sexually transmitted disease

The condition of the anal canal and peri-anal skin can be improved with normalisation of stools to allow comfortable passage and minimal cleaning. This is achieved using adequate water and fibre consumption with laxatives as needed. Cleaning after toileting needs to be gentle and with avoidance of scrubbing or perfumed products. A moistened cloth or cotton wool, bidet or shower is preferred and the anal area should be gently patted dry or dried using a hair dryer on a cool setting. Soaps on the perianal region should be avoided. Non-soap cleansers for sensitive skin such as Aveeno or Dermeeze are preferable. Loose fitting and cotton clothing is best to allow air circulation and improve skin condition.

Avoidance of scratching is very important in order to avoid further traumatizing the peri-anal area and then compounding the itch. Sedating antihistamines before bed can be helpful. Fingernails need to be kept short.

The addition of zinc based barrier creams (like Sudocrem) may be helpful and some patients can benefit from the use of steroid creams.