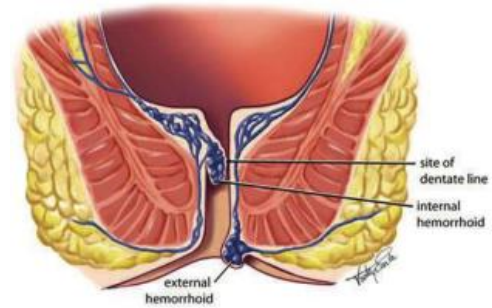


Thrombosed External Hemorrhoids

What is a thrombosed external hemorrhoid?

You have been diagnosed with a thrombosed external hemorrhoid. Everyone has external hemorrhoids, but in some patients, a clot can develop in the tissue, causing the area to swell and become very tender. This can be caused by constipation or diarrhea, but also heavy weightlifting, long periods of sitting, or during pregnancy and/or labor/delivery. This is called a thrombosed external hemorrhoid.



Symptoms

Most external hemorrhoids do not cause symptoms, but when this clot develops, it will swell and can cause severe pain, especially in the first 2-3 days. The clot may later rupture, and if so, bleeding can occur. A tender “lump” is typically noted.

Diagnosis

Your provider will have observed the external hemorrhoid during a physical inspection of the area. Other issues, including an infection known as a “perianal” or “perirectal” abscess, can present in a similar manner, and an evaluation by your provider can typically discern which process is ongoing.

Treatment Options

If you do have a thrombosed external hemorrhoid, and it is seen promptly (within 2-3 days), there may be an option to excise (remove) or incise (“lance”) the thrombosed hemorrhoid, which typically provides prompt symptomatic relief. Most, however, are seen later in their course, when it is too late to do this. In these cases, topical ointments are commonly prescribed, along with the suggestions below. The clot typically will resolve on its own, taking from a few days to a few weeks. In some patients, a residual “tag” is left behind.

Treatment includes heat therapy three times daily for 10-15 minutes at a time (using a heating pad on low, sitz baths, etc.), pressure off-loading (increasing standing time and reducing sitting time, avoiding prolonged periods on the toilet), and increasing intake of soluble fiber and water. Most people require 15-20 grams of added dietary fiber daily, obtained by taking any of the “over the counter” soluble fiber powders or fiber gummies. If

these measures do not soften the stool, ask your healthcare provider for additional suggestions, as keeping the stool soft and avoiding constipation is extremely important during the healing process. Pain management may involve over-the-counter medications such as ibuprofen and acetaminophen, as well as lidocaine topical cream 4-5%. Please follow the package instructions.

You may also be prescribed a topical ointment to help lessen any symptoms. This is only available through a specialty compounding pharmacy. For these ointments, a pea-sized amount is placed into the anal canal with a gloved finger as directed. If you are prescribed topical nitroglycerin ointment, you should be cautioned not to use any erectile dysfunction medications (Cialis, Viagra, etc.) while using the ointment, as the combination of medications can cause a dangerous drop in blood pressure.

Internal Hemorrhoids

If you also have symptomatic internal hemorrhoids (bleeding, itching, swelling, prolapse, or leakage), you may be advised to have these treated when you are no longer tender in order to minimize the risk of post-banding pain. Your provider utilizes the CRH O'Regan System®, which allows for the banding of your symptomatic hemorrhoids with the lowest documented risk for post-bandage pain.

Please ask your provider for any additional recommendations and further information regarding the CRH O'Regan System® or the information provided above. Please also visit www.oregansystem.com.