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Haemorrhoids, skin tags and anal fissures: What's the difference?

FAQ

Haemorrhoids

These are naturally occurring columns of veins at the bottom of the rectum which is found normally in ALL adult humans. They form a seal to prevent us from soiling ourselves when the rectum is full or when we pass wind. The term has been misused in the lay nomenclature to mean prolapsing or prolapsed haemorrhoids. The true scientific meaning is the naturally occurring column of juicy veins at the mouth of the anus.

Grade 1 Haemorrhoids: All humans have these by the time they are adults. This is NORMAL and may enlarge and bleed if stools are hard or when a patient strains during defaecation.

Grade 2 Haemorrhoids: These will pop in and out of the anus. This is an early sign that your bowel is unhappy with the situation (slow colonic transit). This phase is still reversible if one institutes the right kind of lifestyle modifications (see *slow colonic transit FAQ*). It may also be possible to band them during a routine colonoscopy. Slow colonic transit must be managed long term or banded haemorrhoids will return (see our *haemorrhoids FAQ*).

Grade 3 Haemorrhoids: These have prolapsed and stick out of the anus. They can be manually pushed back in, but fall out again. This is a late stage of slow colonic transit and is usually not correctable without proper major surgery (surgical haemorrhoidectomy). This involves possible complications of the operation and possible post-op pain for a month or more. This operation should be a last resort if one cannot avoid developing Grade 3 haemorrhoids.

Anal fissure

This is a crack around the anus due to straining. This can cause itchiness and pain. Spotting is possible but frank bleeding is uncommon. The first stage of treatment is as per the *slow colonic transit FAQ*. Topical Rectogesic is considered next because it has potential side effects like migraines and it has to be used continuously for at least 3 months for any chance at healing. Chronic anal fissures are beyond conservative management and we may have to refer you to a specialist Colo-rectal Surgeon for an opinion on surgery.

Skin tags

These are scar tissue that forms from decades of prolapsing haemorrhoids and anal fissure around the anus. As the name suggests, they are part of the skin with nerve endings and blood vessels. They are harmless but may be psychologically or cosmetically distressing to some patients. Surgical removal is a last resort as this may cause potential complications like pain and bleeding (early) or narrowing of the anus due to scar tissue contracting post-op (late). If left alone and treatment for slow colonic transit observed, they are essentially harmless.

As you can see, these 3 conditions are completely distinct but are caused by the same process: slow colonic transit and straining during bowel motions over years or decades. The key to treatment is to identify the problem early and institute the correct slow colonic transit management long term as they are mostly reversible (except for established skin tags). Surgical treatment is a last resort option due to potential complications (early and late).