

Effective therapeutic treatment for Haemorrhoidal Disease

Haemorrhoidal disease is one of the most recurrent benign diseases in Proctology. Proctology is the medical specialty dedicated to the diagnosis and treatment of anal canal and perianal diseases.

Haemorrhoidal disease has an important prevalence in the young population, usually appearing between the ages of 45 and 65 years, with no difference in incidence between sexes. Despite being benign, it causes major disruptions in day-to-day functionality and quality of life.

There are two types of haemorrhoids, internal which are located above the anal pectinate line and external haemorrhoids, below the anal pectinate line and covered by a sensitive stratified squamous epithelium.

The main symptoms of haemorrhoidal disease are rectal haemorrhage, rectum prolapse, pain and itching, its duration and severity will determine the necessity for treatment. An examination of haemorrhoidal disease must include rectal observation, an anoscopy and rectoscopy.

The diagnosis of Internal haemorrhoidal disease is reached when congestion of the upper haemorrhoidal pedicles is observed. Difficulty in defecating, an increased intra-abdominal pressure, the absence of valves in the haemorrhoidal vessels, chronic constipation. The upright position of the human species and genetic factors may be decisive factors for the appearance of haemorrhoids. The most common symptom is red blood loss during or after defecation.

Haemorrhoidal disease can be classified into several stages: Grade I: anal haemorrhage, without prolapse; Grade II: with prolapse, but with spontaneous reduction; Grade III: with prolapse, but in need of manual reduction and Grade IV: fully prolapsed haemorrhoids, which cannot be reduced.

Appropriate therapy depends to a large extent on this classification. In the first three stages, treatment

can be carried out in the out-patients consultation and therefore without the need for hospitalization, through Haemorrhoidal Sclerosis or Sclerotherapy and / or Rubber Band Ligation of the haemorrhoids. The most advanced cases (Grade IV) will require surgical treatment: Haemorrhoidectomy.

Haemorrhoidal Sclerosis or Sclerotherapy consists of injecting a specific medication to cause an inflammatory reaction with intravascular thrombosis and submucosa fibrosis. Although it can result in the reduction of haemorrhoidal tissue, its effect is mainly beneficial in controlling

haemorrhage. The beneficial effect is obtained after several treatment sessions, usually three, with a minimum interval of three weeks, and is recommended for stage Grades I and II.

As for Rubber Band Ligation, it is the treatment of choice for any in-



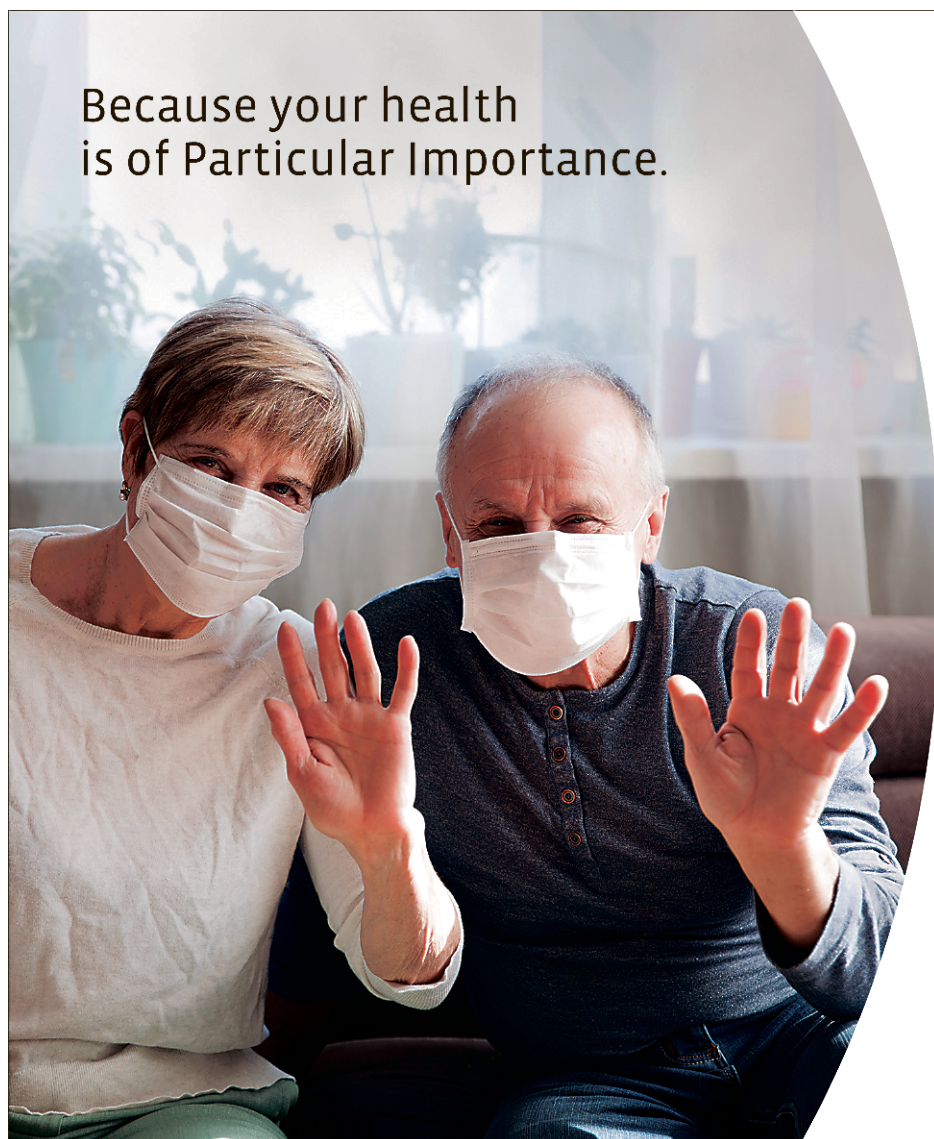
ternal haemorrhoids. This procedure consists of the haemorrhoid being tied off at its base with rubber bands, cutting off blood flow to the haemorrhoid, causing it to shrink and die and fall off in about a week. The sessions are repeated monthly, and several pedicles can be ligated in a single session. Rubber Band Ligation appears to be the only effective technique in Grade III haemorrhoids.

As with any progressive disease, prevention is important. Adopting good eating habits, an adequate intake of fluids and foods rich in

fibres are important in controlling the progression of this disease.

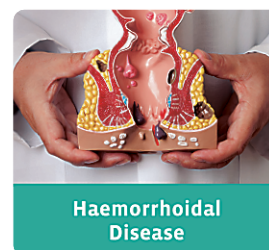
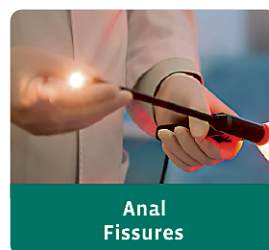
The Gastroenterology Units of both the Alvor and Gambelas Hospitals, cover all diagnostic tests in the area of proctology - colonoscopy; upper digestive endoscopy; anoscopy; rectosigmoidoscopy; flexible sigmoidoscopy - and also intervention / treatment: in addition to hemorrhoidal sclerosis and hemorrhoidal rubber band ligation, botulinum toxin injection, fissurectomy, fistulotomy, cannulation of the fistulous pathway and progressive fistulotomy.

Because your health is of Particular Importance.



PROCTOLOGY

Prevention can save lives



// EXAMS

- / ANOSCOPY
- / COLONOSCOPY
- / ENDOSCOPY
- / FLEXIBLE SIGMOIDOSCOPY
- / RECTOSIGNOIDOSCOPY

// TREATMENTS

- / BOTOLINUM TOXIN INJECTION
- / ELASTIC HAEMORRHOIDAL LIGATION
- / FISSURECTOMY
- / FISTULOTOMY
- / HAEMORRHOID SCLEROSIS

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