

PILE IT ON!

MOST SINGAPOREANS KNOW OF SOMEONE WHO SUFFERS FROM PILES OR MAY BE SUFFERING FROM IT THEMSELVES. HERE'S WHAT YOU NEED TO KNOW.

Although there are no actual statistics, this is an extremely common condition.

Piles, also known as haemorrhoids, are engorged blood vessels around the anus resulting from excessive downward pressure over a long time. Common causes include straining at stool, prolonged constipation or diarrhoea, and spending a long time on the toilet bowl. There are two types of piles:

INTERNAL PILES develop from inside the anal canal and may prolapse outside the anus during exertion (for example, straining at stool). Initially, they may return into the anus on their own, but over time, they may protrude further, requiring the patient to push them back into the anus.

Since they originate within the anus, treatment measures are more varied and may include rubber band ligation, injection sclerotherapy, THD (transanal haemorrhoidal dearterialisation) or stapled haemorrhoidectomy.

EXTERNAL PILES originate at the anal verge (external anal opening). They are not usually reducible and can cause sudden painful swellings called perianal hematomas. These are essentially blood clots that may be associated with skin tags, which makes cleaning difficult. Treatment may involve topical creams or surgical excision.

PREVENTING PILES

Do not strain at stool or spend too long on the toilet bowl. Prevent constipation

by increasing fluid intake with moderate fibre intake.

TREATMENT

Piles are treatable and there are different ways to do so.

Non-invasive: Medications to reduce blood flow to the swollen piles and fibre supplements to aid in stool passage. Ointments or creams used topically to reduce swelling and soothe irritation

Semi-invasive: Clinical procedures such as rubber band ligation and injection sclerotherapy

Invasive: THD, stapled haemorrhoidectomy or conventional haemorrhoidectomy (open or closed methods)

3 facts about piles

1. Everyone is born with piles/haemorrhoids. It is a normal part of the anatomy and helps maintain continence to gas and liquids. They become a problem only when they bleed, prolapse, itch or cause discomfort.
2. Not all piles need to be removed. Most can be treated with medication and a change in diet or toilet habits, or simple clinical procedures.
3. Removal of piles only addresses the current problem; they can recur, depending on whether the patient is able to change his lifestyle, diet or toilet habits.

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Dr Kam Ming Hian has a keen interest in minimally invasive colorectal surgery and is one of the few surgeons in Singapore accredited to perform Robotic Colorectal Surgery. He has also authored many publications on stapled haemorrhoidectomy in international journals.

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