

COLORECTAL SURGERY

Piles are a pain

This is an extremely common condition, and almost everyone knows of someone with it. Fortunately, it is easily treated when caught early.



Dr Kam Ming Hian
Colorectal Surgeon

Kam Colorectal Centre
1 Farrer Park Station Road
#14-16 Farrer Park
Medical Centre
Singapore 217562
Tel: 6443 1005
www.kamcolorectal.com

Capstone Colorectal Surgery Centre
3 Mount Elizabeth
#07-08 Mount Elizabeth
Medical Centre
Singapore 228510
Tel: 6836 5480
www.capstonecolorectal.com.sg



For all diseases, the earlier they are treated, the higher the chances of success. With piles, however, there is a chance of recurrence or new ones forming after surgery.

THE 4 DEGREES OF PILES

- **First degree:** bleeding fresh blood, painless
- **Second degree:** prolapsing piles that can spontaneously return into the anal canal, with or without bleeding
- **Third degree:** prolapsing piles but must be manually pushed back into the anal canal after bowel movements
- **Fourth degree:** when the piles are prolapsed and irreducible

NON-SURGICAL & SURGICAL

Non-surgical treatments usually consist of lifestyle changes and medication. Other treatments may include clinical procedures like injection sclerotherapy or rubber band ligation. These cause scarring of the tissue just above the piles,

and will reduce blood flow to the respective piles and “anchor” the piles back within the anal canal and reduce prolapse.

Surgical treatments are usually conducted in the operating theatres under general or regional anaesthesia. These include operations like Transanal Haemorrhoidal Dearterialisation, Stapled Haemorrhoidectomy and Conventional Haemorrhoidectomy (Open or Closed). These are usually performed as day surgery by a surgeon trained in the procedures, and patients can be discharged on the same day to recover in the comfort of their own homes.

HOW PREVENTABLE?

Good toilet habits go a long way, and these include preventing constipation by taking moderate amounts of fibre and drinking plenty of water as a way of life. Spending less time on the toilet and avoid straining at

stool can also help to prevent the development of symptomatic piles.

WHO'S AT RISK?

Piles can develop in anyone. Those with poor toilet habits and have long-standing constipation are more prone to developing piles. Pregnancy can also contribute to the development of piles due to constipation and increasing intra-abdominal pressure from the developing baby.

PILES: 3 MISCONCEPTIONS

Piles are unnatural growths
Piles or haemorrhoids are actually part of our anatomy. They help maintain liquid and gas continence by forming a “plug” to stop the gas and liquid from escaping at inopportune times. They only become a problem when there are symptoms such as bleeding, prolapse, perianal itch or pain.

Piles must be surgically removed

Not all piles need to be removed. There are many effective non-surgical treatments for piles in the early stages including changes to the diet or toilet habits, as well as appropriate medication.

Rectal bleeding is caused by piles

Although bleeding is one of the commonest symptoms of piles, it is not true that rectal bleeding must be from piles. Bleeding can be a sign of other conditions within the colon, rectum and anus and should be investigated. Patients who experience rectal bleeding should consult with their doctor, who will perform a clinical examination and recommend a colonoscopy if needed. [🔗](#)