

Piles

Piles (or haemorrhoids) affect 1 in 3 of us at some point in our lives.

What are the symptoms?

- **Anal itching**
- **Discomfort passing stools.** This may include some blood spotting, which is usually bright red bleeding on the toilet paper
- **Incomplete feeling after opening the bowels**
- **A heavy, dragging sensation around the anal area**

Often you can feel piles when wiping after using the lavatory. The prevalence of piles increase with age and after childbirth and usually develop because of constipation.

Seeing your doctor

As well as wanting to know about the bleeding, your GP will also ask whether you have other symptoms associated with piles such as straining, lumps, soreness, pain or itchiness.

If you have bleeding and no other symptoms of piles, you should be considered for further tests to rule out the possibility of bowel cancer.

If your GP is confident that you have haemorrhoids, (s)he will suggest a treatment for you, depending on the severity. These range from changing your diet, to over the counter remedies from your pharmacist, to surgical procedures.

Questions to ask

You should find out about the different over-the-counter treatments available for piles and how they work. Your doctor will be able to advise you which of these creams, gels and suppositories will suit you best.

There are other treatments such as injections or applying rubber bands, which stop the blood supply to the haemorrhoids which you also might like to discuss.

If your doctor recommends a surgical option, then you may wish to consider an innovative treatment called Procedure for Prolapse and Haemorrhoids (PPH) which is a minimally invasive surgical treatment for haemorrhoids where patients have experienced less pain, a shorter hospital stay and a quicker return to normal activities. It can be done as a day case procedure. As with all surgery there is some associated risk with the PPH procedure. Your doctor will discuss the risks and benefits of each option with you.

Beating Bowel Cancer is a leading national charity for bowel cancer patients, their families and friends. We work to raise awareness of the symptoms, promote early diagnosis and encourage open access to a choice of treatments for those affected by the disease.

We provide authoritative information and education for patients, the general public and the medical profession. We offer support to patients and their families through our specialist nurses, as well as our national patient-to-patient network. Through our work we aim to help save lives from the second biggest cancer killer in the UK.

For further information about **Piles or Haemorrhoids**, please call the PPH InfoLine on **0800 028 2231** or visit **www.allaboutpph.co.uk**

For further information about **Bowel cancer**, call Beating Bowel Cancer on **020 8892 5256** or visit **www.beatingbowelcancer.org**

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Your doctor's seen them all before

Bowel cancer and haemorrhoids:

Symptoms to look for and questions to ask your GP.

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Large and round? Hairy and small? Muscular and pert?

Regardless of what your bottom looks like, it's what's going on inside that really matters.

If it's bleeding, you may have a common condition such as haemorrhoids (also called piles). However sometimes it can sign something more serious, such as bowel cancer.

That's why you shouldn't let embarrassment get in the way of seeing your GP.

After all, nearly 20% of us experience bleeding every year.

Bowel Cancer

Bowel cancer is the second biggest cancer killer. It affects 35,600 people every year – men and women of all ages – and claims almost 50 lives every day.

BUT if bowel cancer is caught early and treated successfully, it is completely curable.

The first step you can take to protect against bowel cancer is to make sure you are aware of the symptoms. And most importantly, see your GP if you are at all concerned.



If you have any of the higher risk symptoms listed below, it is safe to 'watch and wait' for up to six weeks. But, if they persist you should get advice from your GP.

- **Bleeding from the bottom** (rectal bleeding) - without any obvious reason. If you have other symptoms such as straining, soreness, lumps and itchiness it is likely to be piles (see Piles symptoms).
- **A persistent change in bowel habit**, especially going to the toilet more often or experiencing looser stools for several weeks.
- **Abdominal pain**, especially if severe.
- **A lump in your tummy.**
- **Unexplained anaemia**, found by your GP.

Most people with these symptoms DO NOT have bowel cancer but it is very important to have further tests to rule it out.

Seeing your doctor

Firstly, your GP will want to ascertain whether your condition is piles or not. He or she will also ask questions about your bowel habits and whether you have noticed a change in them.

Furthermore, you will be asked about your family history and whether anyone has suffered from bowel cancer. Remember to tell your GP this if he or she doesn't ask.

You should be offered a rectal examination to feel for any lumps or masses, along with a blood test to check for anaemia – both are possible symptoms of bowel cancer.

If your GP can confidently rule out piles you should then be referred for further investigations for bowel cancer.

Questions to ask

Firstly, find out how quickly you will see a specialist. You should be referred and seen within 2 weeks if you are showing any of the higher risk symptoms.



Also ask what sort of tests you will go through. These will vary depending on where you live and on your symptoms. The most common tests will be a barium enema, flexible sigmoidoscopy or colonoscopy. If you have any of these, you should receive the results within a few days.

At this stage, you may also want to find out about the two surgical treatments available for bowel cancer – and the pros and cons of both. Your GP will be able to explain about surgery, which is usually the first treatment for most patients.

Open surgery has been the most common technique for bowel cancer operations in recent years, but you should also be told about the option of keyhole (laparoscopic) surgery. Keyhole surgery is a technique that results in less scarring and has a shorter recovery time.

Depending on your bowel cancer diagnosis, you may also need chemotherapy or radiotherapy. Again, you should feel comfortable to discuss this with your GP, as well as your consultant.