

Ask the pharmacist

Your pharmacist is the best (next to your doctor, of course) source of information on how to get the most from your treatments.

Not all are piles!

Q: Over the years, I had been facing constipation problems and occasional bleeding during bowel movement. Lately, I find there is some blood-stained pus discharge as well as pain and itching around my anus. My friend had a similar problem but was cured after taking antibiotics. Should I take antibiotics too?

A: Many people blame all anal and rectal problems on “haemorrhoids” – more commonly known as “piles”. However, there are actually several different anorectal disorders. Hence, you should see a doctor for your problem, instead of starting antibiotics or alternative medicines on your own.

The doctor will make diagnosis based on the symptoms and digital (rectal) examination – which is performed with a gloved, lubricated finger to feel the inside of the anus or rectum. Sometimes, anoscopy and sigmoidoscopy – using a long tube with small viewing scope – may be required.

Commonly encountered anal and rectal problems are:

- Haemorrhoids;
- Anal fissure;
- Anal fistula (commonly associated with Crohn’s Disease);
- Pilonidal cyst / sinus;
- Proctitis (inflammation of rectal mucosa); and
- Anal skin tags (soft, small, flesh-coloured skin growths which are harmless).

Pilonidal (meaning “nest of hair”) cyst or sinus (tract) originates as a boil at the natal cleft of buttocks or “tailbone” area.

Haemorrhoids

Haemorrhoids or piles can occur in adults and children, affecting males and females equally.

They are swollen tissue in and around your anus which are created due to increased pressure from prolonged sitting, excessive straining at stool, obesity, pregnancy or hypertension. It is caused by dilatation of small veins or “vascular cushions” in the lower rectum.

Haemorrhoids are generally categorised into two types – internal and external.

- Internal haemorrhoids are located above the dentate line (the junction between the rectum and anus). They are seldom painful and usually have no symptoms.
- External haemorrhoids form soft lumps covered by the skin around the anal opening. These can sometimes ulcerate and bleed from time to time.

Anal fissure

These are tears in the anal skin or scab cracks on the anal surface, caused by the passage of a large, hard stool. Anal fissure is most common amongst infants and children due to constipation.

Anal fissure causes severe pain and sometimes may bleed. A healed anal fissure may develop a painless skin tag called “sentinel pile”. This is not a “true” pile.

Anal fistula

Anal fistula (or fistula in ano) is a small abnormal passage near the anus that exposes the inside of the rectum to the exterior of skin near the anus.

Most anal fistulas begin with an infection where an abscess (or boil) forms in the anal crypt (or gland). As it grows, it will point within the rectum and through the flesh around the anus. When this abscess eventually bursts, it leaves this abnormal passage that remains open even after it has healed. **OH!**