

BOARD CERTIFIED

Anna M. TOKER, MD
SPECIALIZING IN ROBOTIC COLO-RECTAL SURGERY



"I have spent a lifetime mastering the art of surgery and now it is time for an individualized approach to medicine. We have an automated phone system and a small personable staff. I know this system is unorthodox, but it allows us to get to know everyone individually and allows me to spend more time with each patient in a one-on-one environment."

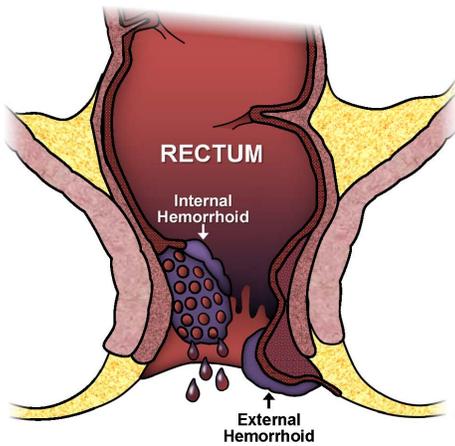
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Elite ColoRectal Surgery for Mansfield and Midlothian

Dr. Anna Toker is a full-service colorectal surgeon in Mansfield and Midlothian, focusing on robotic approaches to colorectal surgery and offering sacral nerve stimulation for fecal incontinence.

Hemorrhoids

Information and treatment options



HEMMORRHOIDS

Hemorrhoids are enlarged, bulging blood vessels in and around the anus and lower rectum. The tissues supporting these vessels stretch, and as a result, the vessels expand, the walls thin and bleeding occurs. When the stretching and pressure continue, the weakened vessels protrude.

Types of Hemorrhoids

External (outside) hemorrhoids form near the anus and are covered by sensitive skin. They are usually painless unless a blood clot (thrombosis) forms or they become very swollen.

Thrombosed external hemorrhoids are blood clots that form in an outer hemorrhoid in the anal skin. A painful anal mass may appear suddenly and get worse during the first 48 hours. The pain generally lessens over the next few days. You may notice bleeding if the skin on top opens.

Internal (inside) hemorrhoids form within the anus beneath the lining. Painless bleeding and protrusion during bowel movements are the most common symptoms.

CAUSES

Contributing factors include:

- Aging
- Chronic constipation or diarrhea
- Pregnancy
- Heredity
- Straining during bowel movements
- Faulty bowel function due to overuse of laxatives or enemas
- Spending long periods of time on the toilet (e.g., reading)

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NONSURGICAL TREATMENT

Treatment includes:

Eating a high-fiber diet and taking over-the-counter fiber supplements (25-35 grams of fiber/day) to make stools soft, formed and bulky.

Avoiding excessive straining to reduce the pressure on hemorrhoids and help prevent protrusion.

Shortening time on the toilet to only 1 to 2 minutes to help prevent protrusion

Drinking more water to help prevent hard stools and aid in healing.

Taking warm tub baths (sitz baths) for 10 to 20 minutes, a few times per day to help the healing process.

SURGICAL TREATMENT

If pain from a thrombosed hemorrhoid is severe, your physician may decide to remove the hemorrhoid and/or clot with a small incision. These procedures can be done at your physician's office or at the hospital under local anesthesia.

Rubber Band Ligation: This treatment works well on internal hemorrhoids that protrude during bowel movements. A small rubber band is placed over the hemorrhoid, cutting off its blood supply. The hemorrhoid and the band fall off in a few days. The wound usually heals in one to two weeks. Mild discomfort and bleeding may occur. This treatment needs to be repeated for complete treatment of the hemorrhoids depending on the size or if they return.

Hemorrhoidectomy: This is the most complete surgical method for removing extra tissue that causes bleeding and protrusion. It is done for both internal and external hemorrhoids under anesthesia using sutures. Hemorrhoidectomy is considered when:

- Clots repeatedly form in external hemorrhoids
- Ligation is not effective in treating internal hemorrhoids
- The protruding hemorrhoid cannot be reduced
- There is chronic bleeding

THD Mucopexy: This procedure is done in the operating room. A doppler is used to find all 6 hemorrhoidal arteries and suture is used to tie off the blood flow to internal hemorrhoids and allow them to shrink. The loose tissue is gathered with a suture to tacked back to the internal position where it anatomically belongs. This definitive procedure is not painless but it involves a quicker recovery than excisional hemorrhoidectomy. THD does not remove external hemorrhoids. If external hemorrhoids are a complaint, skin excisions can be done in addition to mucopexy but the recovery becomes more like a traditional hemorrhoidectomy.