

**MORE than half of the population will suffer from piles at some stage and tens of thousands will undergo painful surgery. Alison Robinson, 28, an IT systems engineer from Reading, had a new, far less painful operation. She tells ANGELA BROOKS about her experience and her surgeon explains the procedure.**

### THE PATIENT

**W**HEN I first got piles, I had no idea what they were. I was 15 and so embarrassed that I kept it to myself and simply put up with the itchiness and discomfort. It never occurred to me to seek help because, to be honest, it didn't really affect my life much at that point.

But two years later, when they started to get worse and bleed, I was worried and finally told my mother. She suspected it was piles, which run in our family, and said I must see the GP. He said I should increase my fluid and fibre intake to prevent constipation and also recommended suppositories and an ointment.

I followed his suggestions and it helped, but when I was at university the problem got worse — probably because I was eating rubbish and not taking enough care with my diet. I got very constipated and was bleeding daily, which was horrible. The GP prescribed Fybogel, a disgusting fibre drink which I found difficult to take.

I'm an active person, but the piles started to curb what I could do. I avoided dinner with friends because sitting for long periods hurt. I also stopped going hill-walking so often, which I love, as it was only possible if I had adequate supplies of pads to prevent any spotting from the piles showing through. It got me down.

Over the next few years I coped as best as I could — but when I got engaged last year I felt I had to tell my fiancé. I hadn't said anything before because it's so embarrassing and I thought he'd find it off-putting. But fortunately, his attitude was that if I had this medical problem, then it needed to be sorted out.

**M**Y GP referred me to a consultant, Simon Middleton. At my first appointment last November, he told me piles were swellings on the inside lining of the anal canal that, in extreme circumstances, can prolapse then swell and rupture, causing bleeding.

He said mine were severe, as they were prolapsed. Left untreated they could have got increasingly swollen, painful and even infected.

Treatment involved having them either cut out or stapled. Either way, I'd be left in a lot of pain and out of action for a few weeks.

He also mentioned a haemorrhoid artery ligation operation (HALO). This is a new technique involving an ultrasound probe to locate the blood flow to the piles; they then tie these blood vessels off and leave them to shrivel up. This would take around two weeks.

Because no incisions are made, it was relatively painless and could be done as day surgery. But what appealed most was that I would be up and about in days, which was great as my fiancé and I had a trip to America the following week.

I was admitted to hospital in January. When I came around after

# Life-changing operation that saved me from the agony of piles...



Picture: GRANT THORLOW

Life-changing: Alison Robinson now leads an active lifestyle

## ME AND MY OPERATION

### HAEMORRHOID ARTERY LIGATION

the general anaesthetic I had a bit of discomfort, but five hours later I went home. I had to sleep with a pillow between my legs for a couple of nights to prevent any strain on the internal tissues. I drank lots of water and had loads of fibre.

It was uncomfortable using the loo, but four days after surgery I was over the worst of the soreness and, amazingly, went to New York with no problems. For me, having this operation was life-changing.

### THE SURGEON

**MR SIMON MIDDLETON**, consultant colorectal surgeon at the Royal Berkshire Hospital in Reading says:

AT OUTPATIENT clinics, consultants see many patients who are concerned about the lumps and

bleeding they have at the tail end. Many simply want reassurance there is nothing more sinister, such as cancer, going on and once that's ruled out, feel they will put up with the haemorrhoids.

People often think piles are varicose veins in their bottom, but they're not. We have three 'cushions' — pads of tissue — in the anal canal which swell and contract, working as a valve to seal the end of it.

The exact cause of piles is unknown; family history is a risk factor, as is constipation or pregnancy, which can put excess pressure on these pads; they then become engorged with blood and slip downwards, or prolapse. These are the piles.

The problem can be intermittent — occurring only during a pregnancy, for instance — or chronic. The most common symptoms are aching, bleeding and itching. The piles may be tender.

At the mild end of the spectrum, the piles swell — the length is immaterial as they're inside the canal. But as they worsen, they can become prolapsed, in other words pushed down below the back passage. At this stage they can tear and bleed. Quite under-

standably, many patients find any bleeding in the loo after having a bowel movement alarming, because it can be quite significant and it is bright red. But this bright colour is less worrying because it points to the bleeding being from the piles and not from further up the colon — which could indicate cancer.

The first step to take is dietary — increasing fluid and fibre intake. This is vital. Your GP might also recommend suppositories and creams.

**F**OR piles which bleed more frequently and prolapse, patients are often referred to a hospital consultant, who may try oily phenol, an alcohol solution injected above the pile. This aids relief as it closes down the blood vessels feeding the piles.

Another outpatient measure is a band ligation, where a small rubber band is used at the base of the pile to strangle it and cut off the blood supply. This shrivels up the piles, returning the swollen pads of tissue to their original size, but there is a rare risk of a major haemorrhage and, also, if applied incorrectly, it can be very painful.

Surgery to tackle piles — either open haemorrhoidectomy or a stapled haemorrhoidectomy — can be very effective.

With open surgery, the piles are cut off and the wounds left open inside the body. This can be very painful for about three weeks until they heal. With stapled haemorrhoidectomy, the tissues are lifted back into place and tiny titanium staples fired in to secure them.

There are some rare risks of it causing severe bleeding at the surgery site or deep-seated infection, because the staples go so deep into the tissues. That's why I often feel HALO is a better method.

HALO was introduced to the UK four years ago. We make no cuts, it causes far less pain than other haemorrhoid operations and it has a low complication rate. Generally, anaesthetic isn't necessary.

First, we insert an ultrasound probe which allows us to identify the blood supply feeding the piles very accurately. This is the only piles procedure to do this.

The probe has a little window on the side, and once we have located the blood vessel that is feeding the piles, I feed a needle with a stitch attached through the centre of the probe and through the window to tie off the blood vessel. There are very few nerves in this region, so this isn't painful after the anaesthetic has worn off.

The whole procedure takes about 20 minutes.

For patients with permanently protruding piles, we take one final step and hoist them back into the canal, using a running stitch to secure them into place.

Finally, all patients have some local anaesthetic injected into the area to minimise any pain. Those who have elected to have it done under sedation will have had the local anaesthetic before we start.

Patients can go home a few hours later. They might have a little bleeding, but this is nothing to be concerned about.

For more information contact The Haemorrhoid Centre  
Tel: 01872 520490  
Email: info@halocentre.com

## Sensible, balanced vitamin levels for maximum benefits



"Each product has been developed using the latest scientific research to contain effective levels of nutrients while avoiding excessive amounts."

Available from Boots, Superdrug, supermarkets, chemists, health stores & Holland & Barrett.  
[www.vitabiotics.com](http://www.vitabiotics.com)



**VITABIOTICS**  
WHERE NATURE MEETS SCIENCE

Parish & Bell Clinic

0208 404 6860

[www.parishandbell.info](http://www.parishandbell.info)  
46 BANSTEAD ROAD,  
CASHINGTON, SURREY GU24 0JW

End heel pain NOW!

• Amazing success rate • One visit usually required  
• Free consultation • 100% money back guarantee\*  
• Pioneers of the unique system used  
\*Subject to patients attending four free adjustment visits

PARISH & BELL CLINICS: HARLEY STREET, SURREY, BRISTOL, NEWCASTLE, MANCHESTER, IRELAND AND MORE

Prof. A. H. Beckett  
CBE, PhD, DSc, FRPharms  
Professor Emeritus,  
University of London