

By Dr Quah Hak Mien

I received a frantic phone call very early one Saturday morning from Mrs L., "Doctor, it's an emergency! I have piles. There is a lot of bleeding!" She had called me through our clinic's emergency hotline. After calming her down, I asked her to come to my clinic for a consultation at 9am.

What causes piles?

Mrs L. is a busy mother in her mid-40s. She has had a problem with piles ever since the birth of her second son. Haemorrhoids, also known as piles, are common. Piles are blood vessel "cushions" found within the anus. Frequent constipation and excessive straining during bowel movement are typical causes of piles.

After examining Mrs L., I found that the elastic tissues supporting the normal piles had gradually become stretched and torn. Her piles had enlarged and protruded out. They have caused her discomfort and itch for the past ten years. She never had much bleeding from her piles until that morning. She was very worried.

I told her that at this stage, her condition was considered symptomatic piles. This is common in Singapore and affects about a third of the population. She was concerned she will need surgery.



***Doctor, Doctor!
I have piles!***

How is piles treated?

I explained that early stage piles can usually be treated without surgery. Taking more vegetables and fruits with high fibre content will improve constipation. Sufferers should try to avoid straining during bowel movement. Drinking sufficient water and consuming wholemeal bread or cereal will help too.

Rubber banding of piles is an effective treatment for early stage piles. It does not require anaesthesia and causes minimal discomfort.

Mrs L. wanted a colonoscopy to check her large intestines before her piles treatment. Colorectal cancer is the number one cancer in Singapore, and she was worried that the symptoms she experienced may be caused by colorectal cancer.

I rubber banded her piles after her colonoscopy, which turned out clear. She was very relieved. Her piles had healed, and she did not need surgery.



Surgery for piles

Surgery is only considered for the treatment of large external piles that have not improved through medical treatment alone. Conventional surgery for piles involves cutting it away using a hot electrocautery knife. The surgery is performed under anaesthesia as day surgery.

Another technique uses a specialised circular stapler to remove the piles. The device then seals the wound with a row of tiny staples. My patients find that their wounds healed within two weeks. Very few complained of much pain.

"THD" is a new surgical treatment for piles. It uses an ultrasound guide to direct precise stitching of the blood vessels. This reduces blood flow and relieves the congestion of the piles. There is minimal pain with this technique because there is no cutting involved.

"Prevention is still the best." I told Mrs L. and her husband before they left my clinic. "Take enough fibre in your diet, drink plenty of water and avoid straining when passing motion."



Dr Quah Hak Mien is a specialist surgeon at Gleneagles Medical Centre. His clinical interest is in the treatment of colorectal diseases. His scope of work includes managing a wide range of conditions including colorectal cancer, diverticular disease, inflammatory bowel disease, perianal diseases like piles, anal fistula, and anal fissure. He also has clinical expertise in functional bowel disorders like irritable bowel syndrome, constipation and faecal incontinence.



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