REFLUX & SWALLOWING CENTER

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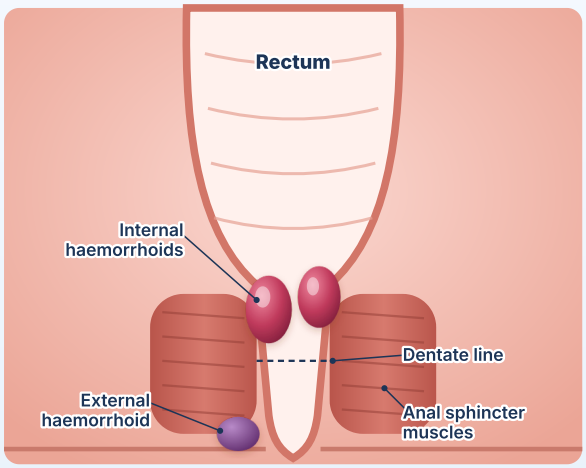
Internal Haemorrhoids

Common, treatable and usually not serious

Haemorrhoids are swollen blood vessels in the lower rectum. Internal haemorrhoids sit above an area with few pain nerves, so they usually cause painless bright red bleeding or a lump that comes out (prolapse).

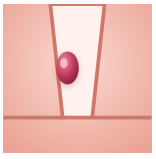
Rectal bleeding should always be checked. Do not assume it is haemorrhoids.

What are haemorrhoids?



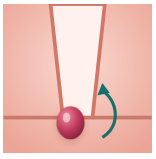
Grades of internal haemorrhoids

Grade 1



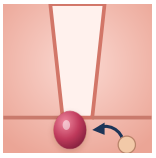
Bleeds but does not come out

Grade 2



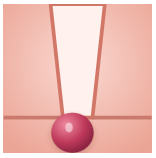
Comes out, goes back by itself

Grade 3



Comes out, needs to be pushed back

Grade 4



Stays out, cannot be pushed back

Why do haemorrhoids happen?

- Straining on the toilet
- Constipation and a low-fibre diet
- Sitting on the toilet for long periods
- Pregnancy, heavy lifting, chronic diarrhoea

What are the symptoms?

- Bright red blood on the paper or in the bowl
- A lump that comes out (prolapse)
- Itch, mucus or irritation
- Discomfort or a feeling of fullness

Good news:

Most haemorrhoids settle with fibre, fluids and good toilet habits. Banding helps most people when they do not.

A high-fibre diet keeps stools soft and easy to pass

Good sources of fibre

- Fruits & vegetables
- Whole grains (oats, brown rice)
- Legumes (lentils, chickpeas)
- Nuts and seeds

Other healthy habits

- Drink plenty of water
- Regular physical activity
- Keep toilet visits short

Do NOT strain or sit on the toilet for long (for example, scrolling your phone).
Go when you feel the urge; a footstool can help you empty easily.

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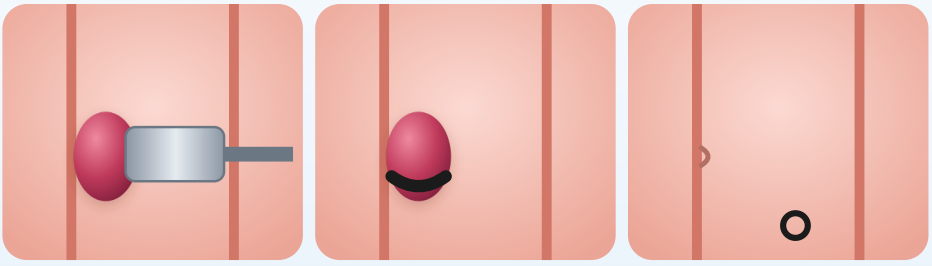
Haemorrhoid Banding

Rubber band ligation: what to expect

Banding is a quick, effective treatment for internal haemorrhoids. It can be done in the rooms or during a colonoscopy, and most people go back to normal activities the next day.

Banding works well for most grade 1 to 3 haemorrhoids. Sometimes more than one session is needed.

How banding works



1. Band applicator draws in the haemorrhoid

2. Rubber band placed at the base

3. It shrinks and falls off in 1 to 2 weeks

Treatment options

Self-care (grades 1 to 2)

- Fibre and fluids
- No straining
- Short-term creams

Banding (grades 1 to 3)

- Quick, in the rooms or at colonoscopy
- Little or no sedation

Surgery (grade 4 or not settling)

- Referral to a colorectal surgeon

Complications (uncommon)

- Pain or pressure for a day or two
- Bleeding when the band falls off (7 to 14 days)
- Trouble passing urine
- Infection (rare but serious)

After banding

- A dull ache or feeling of fullness is normal for 1 to 2 days
- Paracetamol helps; avoid constipating codeine
- Keep stools soft: fibre, fluids, and a stool softener if advised
- Avoid heavy lifting and straining for a few days

Will I need a colonoscopy?

Often recommended if you are **45 or older**, or have a family history of bowel cancer, a change in bowel habit, weight loss or low iron. Banding can be done at the same time.

Seek urgent medical attention if you have:

- Heavy bleeding or clots
- Feeling faint or dizzy
- Severe or worsening pain
- Fever or chills
- Unable to pass urine

Your personalised advice

Sources: ASCRS Clinical Practice Guidelines for the Management of Hemorrhoids (2024); AGA Clinical Practice Update on Hemorrhoids (2026); Cancer Council Australia, Optimal care pathway for people with colorectal cancer. Reviewed by Dr Ali Zad, November 2026. General educational information only, not a substitute for personal medical advice.

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