

## Effective Strategies to Address Hemorrhoids

Hemorrhoids may not be a popular topic of conversation, yet they're a surprisingly common condition affecting millions of people worldwide. These swollen veins in the lower rectum or anus can cause discomfort, itching, and even bleeding—yet many suffer in silence due to embarrassment or misunderstanding.



**Alison J. Tammany, MD**  
Colon & Rectal Surgery

To help you feel more comfortable and informed, Alison Tammany, MD, a general and colorectal surgeon with Salinas Valley Health, breaks down what hemorrhoids are, what causes them, and most importantly, how they can be effectively treated and prevented.

### External vs. Internal Hemorrhoids

There is a lot of misunderstanding about hemorrhoids and the symptoms they cause. Hemorrhoids are actually normal structures made up of arteries and veins—vascular cushions located inside the anus and rectum. Everyone has internal hemorrhoids, and they play a role in bowel control, contributing about 10–20% to continence. These internal hemorrhoids are found above the junction between the rectum and anus and typically don't need treatment unless they cause significant problems.

In contrast, external hemorrhoids are located on the outside, on the skin around the anal area, and are different in both structure and nerve sensitivity. "Typically, the external hemorrhoids will be more painful and they can sense pain, temperature and pressure. Whereas internal hemorrhoids typically do not cause pain, but they can sense pressure and usually cause issues with bleeding," explains Dr. Tammany.

### Why Do Hemorrhoids Develop?

Hemorrhoid issues can develop over time due to certain risk factors and poor bathroom habits, such as straining during bowel movements. Excessive straining can cause a blood clot (thrombosis) to form in an external hemorrhoid, resulting in a painful lump near the anal area. This type of hemorrhoid can lead to discomfort for several weeks as the clot gradually reabsorbs, much like how a bruise heals.

Getting older puts people more at risk for having issues with hemorrhoids, as does pregnancy. Other risk factors include chronic obstructive pulmonary disease (COPD) or chronic cough, chronic constipation and also prolonged sitting on the toilet.

"If you are spending more than one or two minutes on the toilet to have a bowel movement, you are straining and allowing gravity to overtake the hemorrhoids and let them descend out into the anal canal," notes Dr. Tammany. "Those are the typical risk factors I talk about in my clinic. They

aren't necessarily dangerous, but they can be in certain rare instances, especially if people are prone to bleeding.”

### **Are Hemorrhoids Dangerous?**

Dr. Tammany says hemorrhoids are rarely dangerous in terms of infection. However, internal hemorrhoids can sometimes become enlarged and protrude outside the anus. In rare and severe cases, this can lead to a condition called a hemorrhoidal crisis, where the hemorrhoids become trapped and strangulated. This is a medical emergency that requires urgent surgical treatment.

“There are definitely ways to prevent complications,” she adds. “I talk a lot about good bowel habits in my clinic, and I always recommend fixing potentially problematic bowel habits. I encourage a diet rich in fiber, drinking enough water, and staying physically active to help with gut motility.”

### **How Are Hemorrhoids Treated?**

Hemorrhoid treatment varies depending on the symptoms and severity. The first step is usually lifestyle changes, including the above-mentioned high-fiber diet, drinking plenty of water, and avoiding straining or spending too much time on the toilet. Fiber helps create stool that’s easier to pass, preventing both constipation and diarrhea-related strain.

If symptoms persist—especially bleeding from internal hemorrhoids—minimally invasive procedures like rubber band ligation, sclerotherapy, or infrared photocoagulation may be recommended. More advanced options include transanal hemorrhoidal dearterialization, electrocautery, and traditional surgical removal. While stapling is another method, it’s generally avoided due to the risk of serious complications if not done properly.

“Typically, I start with the conservative management and then offer rubber band ligation and possibly surgical excision if the patient is still having a lot of issues,” shares Dr. Tammany. “Another time I’ll offer surgery up front is if the hemorrhoids are so large that they are prolapsing or coming out of the anus and I know they are too big to be shrunk down successfully by the rubber bands.

### **Preventing Hemorrhoids from Reoccurrence**

Dr. Tammany urges people to do everything possible to prevent reoccurrence of hemorrhoids. For example, limiting time sitting on the toilet—and avoiding bringing one’s phone into the bathroom, as that often extends the time spent.

“People bring their phones into the bathroom, which used to be reading a book in the bathroom, which also I don’t recommend,” she cautions. “But, people will sit on the toilet, and they’ll read, and they’ll strain and they won’t notice that twenty minutes have passed. While that’s happening, your anal sphincter is open and your hemorrhoids are coming out and descending out because of gravity.”



Another effective strategy Dr. Tammany recommends is to use a “squatty potty” type stool (a toilet footstool designed to mimic a natural squatting position). “It’s another way to help pass bowel movements easier and not strain so much on the toilet.

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