



Haemorrhoids (piles) and anal fissure

Common causes of bleeding and pain at the back passage

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Haemorrhoids and anal fissures are very common and usually settle with softer stools, less straining and simple treatments. Clinic procedures or surgery help when they do not. Rectal bleeding should still be checked by a doctor, because other causes need to be excluded.

What are they?

Haemorrhoids (piles) are cushions of blood vessels inside and around the anus. Everyone has them; they become a problem when they swell, bleed or slip down (prolapse). Internal haemorrhoids are usually painless; external ones sit under the skin around the anus.

An anal fissure is a small tear in the lining of the anal canal, usually from passing a hard stool. The anal muscle then goes into spasm, which slows healing. A fissure lasting more than about six weeks is called chronic.

Symptoms

Haemorrhoids may cause:

- Bright red blood on the paper or in the toilet after a bowel movement, usually painless
- A lump that comes down when you open your bowels
- Itching, mucus, or a feeling of incomplete emptying
- A sudden, very painful lump at the anal edge: a small clot (thrombosed haemorrhoid)

An anal fissure typically causes:

- Sharp, tearing pain on opening the bowels, often followed by a burning ache for minutes to hours
- A small amount of bright red blood
- Sometimes a small skin tag next to a long-standing fissure

What helps both conditions

- Soften your stools: increase fibre gradually, or use a fibre supplement such as psyllium (ispaghula)
- Drink enough fluid, especially in hot weather
- Do not strain or sit on the toilet for long; leave your phone outside
- Go when you feel the urge, and use a footstool to raise your knees
- Warm sitz baths: sit in shallow warm water for 10 to 15 minutes, two or three times a day, to ease pain and spasm
- Rinse with water and pat dry gently rather than rubbing
- A gentle laxative such as macrogol helps if you are constipated
- Avoid codeine and similar painkillers, which constipate; paracetamol is usually preferred

Treating haemorrhoids

Most improve with the measures above. Other options:

- Pharmacy creams or suppositories soothe symptoms short term. Steroid-containing ones should not be used for more than about a week unless advised
- Rubber band ligation: a quick clinic procedure; the haemorrhoid shrinks and falls off within about a week. Mild discomfort is common. Tell your doctor if you take blood thinners
- After banding, seek urgent care if you develop severe or increasing pain, fever, difficulty passing urine, or heavy bleeding (this can happen up to two weeks later)
- Other clinic treatments, such as injection, may be offered
- Surgery for large haemorrhoids or those that do not respond

A clotted external haemorrhoid usually settles within one to two weeks; if seen in the first few days, the clot may be removed under local anaesthetic.

Treating an anal fissure

Many new fissures heal within weeks with soft stools and sitz baths. If not:

- A prescribed ointment that relaxes the anal muscle: diltiazem or glyceryl trinitrate (GTN), usually twice a day for 6 to 8 weeks. Headache and light-headedness are common with GTN; sit or lie down if you feel dizzy. Do not use GTN with medicines such as sildenafil
- A local anaesthetic gel before bowel movements eases pain
- Botulinum toxin (Botox) injection relaxes the muscle for a few months while the fissure heals
- Surgery (a small cut in the inner anal muscle) heals most chronic fissures, with a small risk of reduced control of wind or stool

A fissure in an unusual position, or one that does not heal, may need tests, as it can be linked to Crohn's disease, some infections or, rarely, cancer.

Bleeding still needs checking

Haemorrhoids are the commonest cause of bright red bleeding, but polyps, bowel cancer and inflammation can cause the same symptom. A colonoscopy may be advised, especially if you are 45 or over, the bleeding is new, or you also have a change in bowel habit, weight loss, anaemia or a family history of bowel cancer. Do not assume bleeding is due to piles without an assessment.

Get urgent medical care if you have

- Heavy bleeding, passing clots, or feeling faint
- Black, tarry stools
- Severe anal pain with fever, or a hot, swollen lump near the anus (possible abscess)
- A prolapsed haemorrhoid that cannot be pushed back and becomes very painful or dark
- Severe pain, fever or difficulty passing urine after banding
- Bleeding with weight loss, anaemia or a lasting change in bowel habit

Common questions

Can haemorrhoids turn into cancer?

No. The concern is that a more serious cause of bleeding could be missed, which is why bleeding should be checked.

Does spicy food cause piles?

No. It may worsen burning during a flare, but hard stools and straining matter much more.

Are haemorrhoids common in pregnancy?

Yes. Fibre, fluids and simple creams are usually enough, and they often improve after delivery. Check with your doctor before using any medicine.

Will the fissure come back?

It can if hard stools return. Keeping stools soft for several months after healing is the best protection.

This leaflet is general information and does not replace advice from your own doctor. Version 1.0, October 2026. Next review October 2028.

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