Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · MINOR SURGERY AND GASTROENTEROLOGY

Piles and anal fissure

common, treatable, and worth getting checked

Haemorrhoids and anal fissures are extremely common and cause bleeding, pain and itching around the back passage. Both are driven by straining and hard stools, and both improve substantially once that stops. The one rule is that rectal bleeding should never simply be assumed to be piles.

Seek urgent assessment if you have

- **heavy bleeding**, or bleeding with dizziness, breathlessness or feeling faint
- a **severely painful, hard lump** at the anus that came on suddenly
- **fever with pain and swelling** around the back passage — this may be an abscess
- **inability to pass urine**, or spreading pain into the buttocks and thighs
- **black tarry stools**, or blood mixed through the stool rather than on the surface

Arrange assessment within a few weeks for any rectal bleeding, a change in bowel habit lasting more than three weeks, unexplained weight loss, or a family history of bowel cancer. Piles are common, but so is bowel cancer, and the two can look identical from the outside. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Never assume bleeding is piles

Bright red blood on the paper or in the pan, with itching and a lump, is very likely haemorrhoids — but the only way to know is to be examined. Bowel cancer is frequently mistaken for piles and treated with cream for months. Anyone with new rectal bleeding, particularly over the age of 40 or with a change in bowel habit, should be examined properly. It takes a few minutes.

Telling them apart

- **Haemorrhoids** — swollen blood vessels inside or at the edge of the anus. Painless bright red bleeding, itching, a feeling of fullness, sometimes a lump that appears on opening the bowels and slips back.
- **Anal fissure** — a small tear in the lining. Sharp, tearing pain during and for some time after passing stool, often described as passing glass, with a small amount of bright blood. The pain is the distinguishing feature.

- **Thrombosed pile** — sudden severe pain with a hard purple lump at the anal margin. Very painful for a few days, then settles over a fortnight.

The treatment that matters most

Creams soothe; soft stools cure. Nothing else works reliably until the straining stops.

1. **Increase fibre steadily** — wholegrains, fruit, vegetables, beans and lentils. Increase gradually to avoid bloating.
2. **Drink more water**, particularly as you increase fibre. Fibre without fluid makes constipation worse.
3. **Use a stool softener or bulking agent** if diet alone is not enough. Aim for stools that pass without effort.
4. **Do not strain, and do not sit for long periods** on the toilet. No phones. Two or three minutes, then get up and come back later.
5. **Use a footstool** so your knees are higher than your hips — this straightens the passage and dramatically reduces straining.
6. **Go when you get the urge.** Delaying makes stools harder.

Symptom relief

- **Warm baths**, or sitting in a few inches of warm water, for 10 to 15 minutes several times a day — particularly effective for fissure pain, as it relaxes the muscle spasm that keeps the tear open.
- Over-the-counter creams and suppositories ease itching and discomfort. Those containing a steroid should not be used for more than about a week.
- Paracetamol for pain. **Avoid codeine**, which causes constipation, and be cautious with anti-inflammatories if bleeding.
- Keep the area clean and dry; wash with water rather than soap, and pat dry. Moist toilet tissue can irritate.
- **Prescription ointment for fissures** relaxes the internal muscle and allows healing. It works, but it needs using consistently for six to eight weeks, and headaches are a common side effect in the first few days.

When more is needed

Haemorrhoids that continue to bleed, prolapse or cause symptoms despite good bowel habit can be treated in clinic with **rubber band ligation** or injection, both quick outpatient procedures. Larger or persistent ones may need a surgical procedure. Fissures that have not healed after eight weeks of correct treatment may need a small operation or an injection to relax the muscle.

> **Book an appointment if** you have any rectal bleeding, symptoms persisting beyond a few weeks, severe pain, or a lump. We can examine you discreetly, perform a proctoscopy, arrange banding, and colonoscopy through our CQC-registered partners where it is indicated — without a wait.

Discreet assessment and same-week treatment

Same-day appointments most days, seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Minor surgery** · **Gastroenterology** · **Endoscopy** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE guidance on haemorrhoids and anal fissure. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.