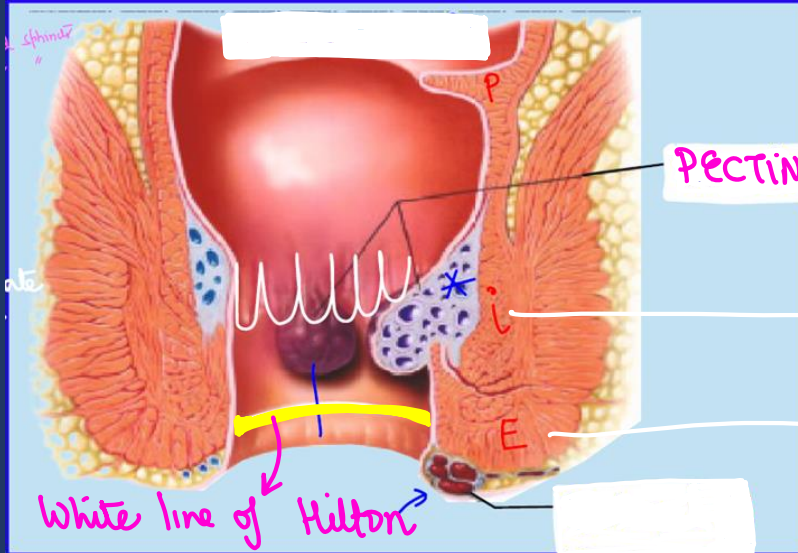


# Hemorrhoids

## Hemorrhoids

Reference  
point for  
external &  
internal  
hemorrhoids

↓  
PECTINATE  
line

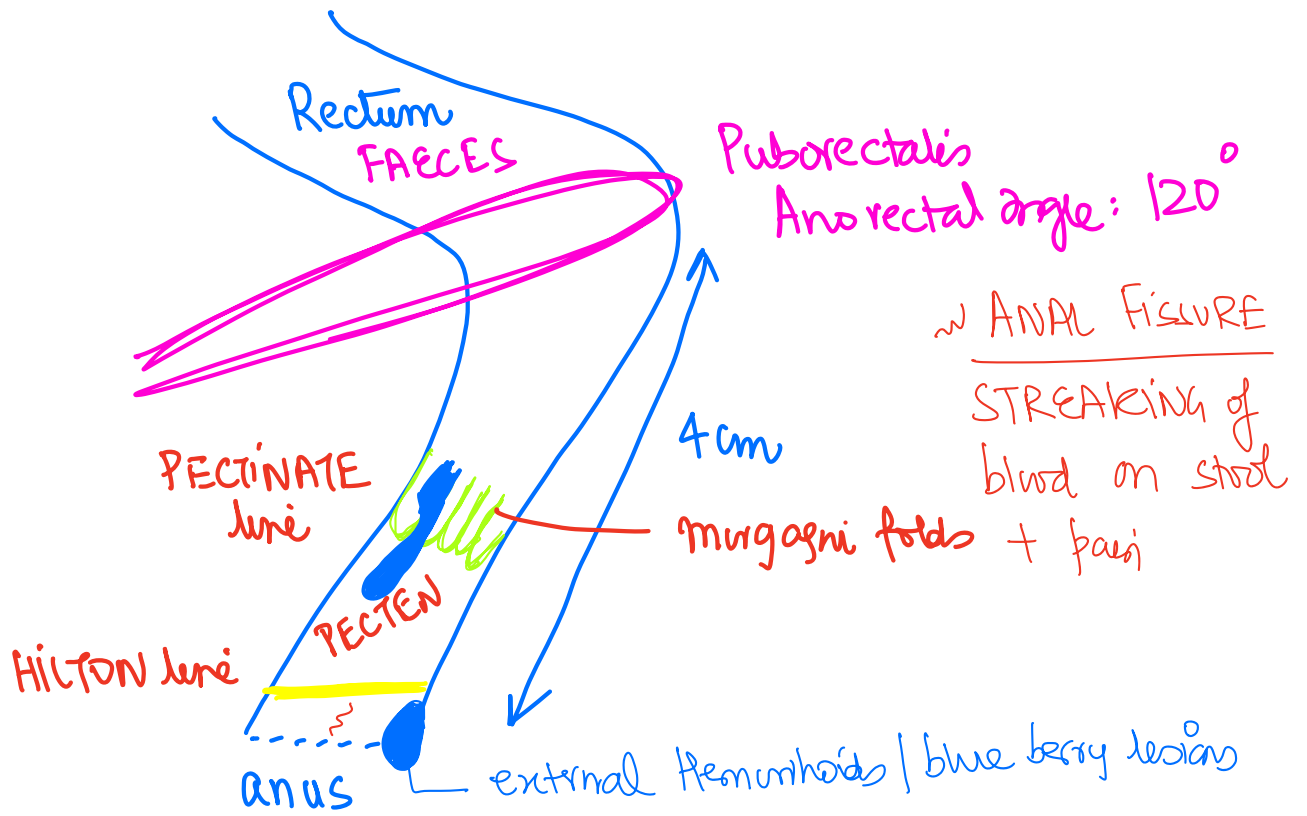


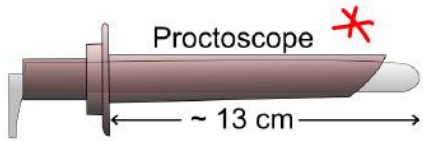
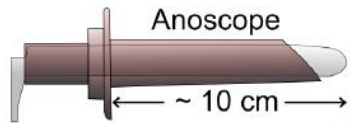
$l = 4\text{cm}$   
1.5  
inch

PECTINATE

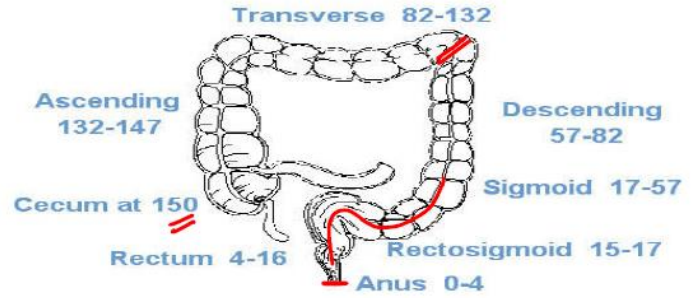
White line of Hilton

Nursing Priority Actions & Management





length of anal canal  
4 cm



Colonoscope: 160 - 170 cm : LGI bleeding

Piles ->

\* Investigation of choice: **PROCTOSCOPY**

\* Leading cause of Hematochezia: Hemorrhoids > diverticulitis  
FRESH blood in stool

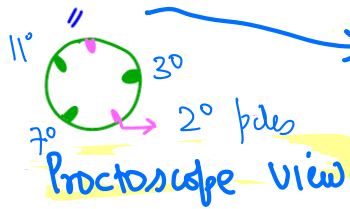
\* Source of bleeding: **ARTERIAL**

\* BV involved: **SUP. Rectal A, middle rectal A**

\* Above pectinate line: internal hemorrhoids

below " external hemorrhoids

\* **primary** piles



\* Acute Dysentery = FEVER + blood in stool: Shigella

massive Hemoptysis : blood in sputum = TB (BRONCHIAL A)

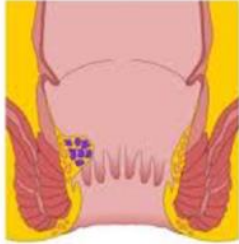
Hematemesis : blood in vomitus = PUD  
[gastrointestinal A]  
> bleeding ulcers

MCC Melena : black Tarry stool  
↳ PUD

Menstrual blood : (ARTERIAL) : Spiral Arteries

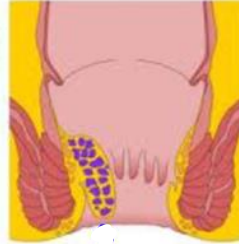
# Proctoscope assessment

Grade I



No prolapse,  
just prominent  
blood vessels

Grade II



Prolapse upon  
bearing down,  
but  
spontaneous  
reduction



Grade III



Prolapse upon  
bearing down  
requiring  
manual  
reduction



Grade IV



Prolapse with  
inability to be  
manually  
reduced

## Nursing actions: Post Operative Hemorrhoidectomy

gd III-IV



SITZ BATH

1. Lie prone or on side ✓
2. Ice packs \*
3. Monitor for urine retention : Foley cath
4. Stool softeners
5. Increase fluid intake and take high fiber diet
6. Limit sitting to short period only