Discomfort in the anal region
What can it be?
What can you do?
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PD Dr. Wilhelm Brühl
Many people experience the most diverse type of discomfort in their anal region. In many cases, this is attributed to hemorrhoids. Treatment with ointments, suppositories, hip baths and household remedies is gladly administered. However, the results are not always satisfactory or last only a short time. These experiences will no doubt sound familiar to anyone affected.

This is because it is not always the hemorrhoids that are responsible for the discomfort. A large number of other conditions can develop in the anal region, not infrequently malignant tumours. This should always be borne in mind and not lightly dismissed.

This brochure is intended to help you find out what your condition might be and what you can do about it. It is designed to focus your mind on the essentials and stop you worrying unnecessarily. However, in all cases, you should consult your doctor and discuss your symptoms in detail.
Digestive System

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2. Diaphragm
3. Liver
4. Gallbladder
5. Stomach
6. Small intestine
7. Large intestine
8. Rectum
9. Anus
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Structure
of the rectum and anus
The last part of the gastrointestinal tract is called the rectum 1. This becomes the anus 2, which is formed by the two rings of muscle known as the internal 3 and external 4 sphincters. Between these two muscles there are many anal glands 5. The rectum and anus are separated by a line, which consists of alternating swallow’s nest-like recesses (anal crypts 6) and cat’s teeth-like projections (anal papillae 7). This line is the margin between the highly sensitive and sometimes very painful anal region below, and the insensitive rectum above. Above this line is the ring-shaped hemorrhoidal cushion 8.
Hemorrhoids
### What are hemorrhoids?

Hemorrhoids are blood vessels that line the anal canal from inside like cushions (1). Their function is to ensure fine closure of the anus so that even diarrhea-like bowel movements and flatulence cannot pass involuntarily through the anus.

If the hemorrhoids are continually damaged, such as by hard stools in chronic constipation, they enlarge (2) and are increasingly pushed outside the anus (3).

### What type of symptoms do hemorrhoids cause?

Usually bleeding, followed by prolapse of the hemorrhoids outside the anus, with a discharge, smearing and soiled underwear, as well as an unpleasant sensation of pressure and a persistent urge to defecate. This is known as ‘piles’.

### How are hemorrhoids treated?

Soft stools should be facilitated (high-fibre diet, bulking preparations such as Mucofalk®, plenty of liquid). Do not strain when passing a bowel motion. Avoid laxatives. Use anal tampons, suppositories or ointments as required. If necessary, medical treatment by sclerosing, rubber ring ligation, hemorrhoidal artery ligation (HAL) or a new, essentially painless surgical technique (stapler operation of Longo).
Colon polyps
<table>
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<th><strong>What are colon polyps?</strong></th>
<th>They are isolated or multiple lentil to chestnut-sized lumps in the colon. Once they reach a certain size, they tend to become malignant. This leads to cancer of the colon.</th>
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<tr>
<td><strong>What type of symptoms do colon polyps cause?</strong></td>
<td>Small polyps do not cause any symptoms; larger polyps may bleed and, like bowel cancer, change the consistency and frequency of bowel motions. The test for occult blood in the stools may be positive. Abdominal pain is rare.</td>
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<td><strong>How are colon polyps treated?</strong></td>
<td>The majority of polyps can be removed by proctoscopy with an electric loop. Only very large ones have to be surgically removed. Either method prevents them from developing into bowel cancer. If regular proctoscopies are performed, there is therefore no reason for cancer of the colon to develop. People with a family history of rectal polyps or cancer of the colon should consider this particularly carefully. Those families represent a risk population and therefore an increased incidence of colon polyps and colon cancer should be considered.</td>
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Cancer of the colon
What is cancer of the colon?

This is a malignant tumour in the colon (3). Benign colon polyps are regarded as a precursor of cancer of the colon (1 and 2).

What type of symptoms does cancer of the colon cause?

Dark blood and mucus are often present in the stools. Bowel movements become irregular and variable in consistency. Cancer of the rectum may interfere with the closure function and cause a continual urge to defecate. Cancer of the colon, situated higher up, causes abdominal pain. The test for occult blood performed as part of the preliminary investigation is often positive.

How is cancer of the rectum treated?

The diseased segment of bowel has to be removed, and the two ends of bowel rejoined. With cancer situated deep inside the rectum, this is not possible. In this case, an artificial anus has to be created at the side, because the whole anus is surgically removed and sealed.
Colitis
(Ulcerative colitis)
What is colitis?

The mucous membrane in the rectum and colon becomes inflamed. This may be restricted to the rectum (proctitis) or affect the entire colon (ulcerative colitis). The cause of this disease is not known.

What type of symptoms does colitis cause?

The most common symptom is blood in the stools; it is usually dark and mixed with mucus. The stools tend to be diarrhea-like and defecation can occur 10 to 20 times a day. Other organs (skin, eyes, joints) may also be affected.

How is colitis treated?

Drugs of various types and presentations (tablets, suppositories, and enemas) have to be administered selectively according to the extent and severity of the disease. If complications occur, surgery is occasionally necessary. Many patients find dietary measures helpful.
Periproctal abscess
This is a collection of pus in the anal region. In the coccyx region, it is called a ‘coccygeal abscess’.

The principal symptom is intense pain, increasing on a daily basis; fever and general malaise may also be present. If the abscess ruptures spontaneously, the pain subsides suddenly.

The periproctal abscess must be surgically lanced as soon as possible. You must not wait until it has come to a head because this can destroy the sphincter muscles. For this reason, no attempt should be made to delay surgery by using blistering ointments or red light, etc.

What is a periproctal abscess?

What type of symptoms does a periproctal abscess cause?

How is a periproctal abscess treated?
Anal fissure
An anal fissure is a long split in the anal canal. It is almost always found in the coccyx region. Often, the fissure is the result of too hard stool. However, permanently loose motions can also cause a fissure.

Pain on defecation, which may persist for some hours afterwards, is typical of an anal fissure. Occasionally, blood is found in the stools. The anus is cramped, making the stool pencil-thin.

The anus has to be dilated to alleviate the cramping and so facilitate healing. This can be achieved with a conical anal dilator and a well-formed stool. Anal tampons and ointments support the healing process. Chronic non-healing fissures require surgery.
Proctalgia fugax
Proctalgia fugax is a painful cramping of the anus and pelvic floor. The cause of these symptoms is not understood. Sometimes, stress symptoms can trigger them.

At irregular intervals ranging from weeks to months, very severe, cramp-like pain lasting 10 to 20 minutes occurs, as if out of the blue. It often occurs at night.

No magic formula exists. In some cases, using a hot-water bottle, applying counter-pressure with a fist or sitting on the edge of the bath can help. In some circumstances, drugs have to be administered for the pain.
Pain in the coccyx
(coccygodynia)
Pain in the coccyx indicates a hyper-sensitivity in this region. The cause is not understood. It may be due to injury.

Increasing pain in the coccyx region develops when sitting, especially on soft chairs or in armchairs.

Massage of the coccyx and low-back regions can help. The doctor will try to ease the coccyx area with a spray. If nothing else helps and complaints are unbearable, one must consider surgical excision of the tail bone.
Cryptitis – Enlarged anal papilla
In the anal canal, there is a zip-like line consisting of 10 to 15 swallow’s-nest-like pockets and adjacent small papillae. If these pockets become inflamed, the condition is described as cryptitis. Very often, the cause of the inflammation of the crypts is excessively soft or diarrhea-like stools, which become deposited in these recesses. This sometimes causes nodular enlargement of the adjacent papillae (hypertrophic anal papillae). These may attain cherry size and affect fine closure. They do not become malignant.

Cryptitis often causes a dull pain that lasts for 10 to 20 minutes after the bowel movement. It can persist all day long.

What is most important is to achieve a well-formed stool. Furthermore, daily dilation of the anal canal using an anal dilator is recommended. Anal tampons should be administered overnight. If treatment is unsuccessful, the crypts must be surgically opened and enlarged anal papillae must also be removed.
Sphincter weakness
The internal and external sphincters close the anus. If the muscles no longer perform this function, a sphincter weakness is present. The causes of this are diverse:

- Frequent pregnancies, difficult births, age, chronic constipation, consequences of surgery, inflammatory anal diseases, etc.

In less severe cases, control of wind and soft stools may be lost. In more severe cases, this loss of control may extend to formed stools. This leads to constant wetting, smearing and stool-stained underwear.

If the sphincter muscle is not completely dysfunctional, daily muscle exercises, pelvic floor exercises and electrical muscle stimulation help. In severe cases, an improvement is sought by surgical tightening of the sphincter and pelvic floor.

What is a sphincter weakness?

What type of symptoms does a sphincter weakness cause?

How is a sphincter weakness treated?
Perianal fistula
Perianal fistulas are passages between the lower rectum or anal canal and the external skin around the anus. Fistulas can occur in isolation or multiply on both sides of the anus. They are usually the result of a periproctal abscess.

Perianal fistulas cause constant excretion of an exudate. This makes the area surrounding the anus permanently moist and sometime smeared with a little blood and/or pus.

It is best for them to be surgically removed. Long fistulas can adversely affect the sphincter. In such cases, long-term capillary drainage is indicated. In around 60% of cases, this dries out and heals the fistula within several months.
Anal eczema
Anal eczema is an inflammatory condition of the skin around the anus. The causes of it are diverse:

- Sphincter weakness
- Enlarged hemorrhoids
- Perianal fistulas
- Anal fissures
- Poor anal hygiene
- Infundibular anus
- Hirsuteness
- Severe sweating
- Frequent bowel movements.

The principal symptom is itching, varying in intensity and duration. Many people affected find the itching more unpleasant than the pain. It is often most noticeable at night, and is occasionally accompanied by burning and spotting.

If possible, the trigger factors must be removed. Careful anal hygiene is always advisable. After a bowel movement, the anus should be washed with water. Small cotton liners placed between the buttocks protect the skin and allow the inflammation to subside. Ointments, pastes, creams, hip baths and solutions are also supportive.
Mariscos
What are mariscs?

Mariscs are harmless, nodular skin folds situated directly on the anal rim. They can occur in isolation or multiply around the anus. Many are only pea-sized, others chestnut-sized. In most cases, they develop entirely unnoticed over the years.

What type of symptoms do mariscs cause?

Mariscs do not cause any symptoms. However, they do make it more difficult to clean the anus after a bowel movement. This can cause inflammatory reactions with itching, burning and a discharge.

How are mariscs treated?

Thorough anal hygiene is most important. This usually means cleaning the anus with water after a bowel movement. Only in exceptional cases do mariscs have to be removed.
Pointed condylomas
(Condylomata acuminata)
What are pointed condylomas?

Pointed condylomas are small nodular tumours, which usually develop in the genital region. They are caused by viruses and very often transmitted by sexual contact.

What type of symptoms do pointed condylomas cause?

Pointed condylomas cause itching, burning and sometimes a smeary discharge. If present in the anal canal, they cause pain and in rare cases bleeding during bowel movements.

How are pointed condylomas treated?

Pointed condylomas must be removed by the doctor. Smaller ones can be removed by dabbing with a special solution. Larger ones have to be removed surgically. Otherwise, they can grow enormously large and sometimes become malignant.
Anal rim thromboses
Anal rim thromboses are blood clots in the veins of the external anal rim. These produce pea-sized to chestnut-sized lumps. The immediate environment is often inflamed. Anal rim thromboses can be caused by hard stools or diarrhea, sitting on cold surfaces, menstruation, or other circumstances.

Anal rim thromboses develop spontaneously within 1 to 2 hours. With larger thromboses, this often causes severe pain that lasts for days. Sometimes, bleeding occurs.

In the case of severe pain, surgery should be performed. Otherwise, ointments, ice-cubes and hip baths are recommended. The thromboses then almost always subside completely over the next few days or weeks. Unlike deep-vein thromboses of the legs, for example, they do not pose a serious risk.

What are anal rim thromboses?

What type of symptoms do anal rim thromboses cause?

How are anal rim thromboses treated?
Rectal prolapse
What is rectal prolapse?

When the rectum is no longer capable of being held in place by the pelvic floor, it can fall out of the anus during a bowel movement or physical work. This causes fist-sized lumps. The causes of this are connective tissue weaknesses, sphincter weakness, frequent pregnancy, chronic constipation, post-anal surgery conditions, etc.

What type of symptoms does rectal prolapse cause?

Rectal prolapse causes a discharge, smearing and, in rare cases, bleeding. Generally speaking, control of the stools is lost. It is not difficult to push the rectum back inside.

How is rectal prolapse treated?

In less severe cases, an improvement can be achieved by sphincter muscle exercises, pelvic floor exercises and electrical muscle stimulation. If this is not successful, the only way of correcting the situation is surgery.
Irritable bowel syndrome
What is irritable bowel syndrome?

In this condition, the bowel is organically sound, but its function is disturbed. It does not work the way it should. The reasons for this are not known. However, psychological stress may trigger the onset of the symptoms.

What type of symptoms does irritable bowel syndrome cause?

The symptoms are variable. Bowel movements may be irregular, and there may be diarrhea or constipation. Flatulence, a sensation of fullness, rumbling and gripe are almost always present. Quality of life can be severely affected.

How is irritable bowel syndrome treated?

A high-fibre diet (e.g. bulking agents such as Mucofalk®) is recommended. Grain products and cabbage can increase the tendency to flatulence. Certain drugs are helpful. Colonic irrigation can have a very beneficial effect on the symptoms.
Diverticular disease
Diverticula are pea-sized to cherry-sized bulges in the bowel wall. They usually occur on the left side of the intestine, causing discomfort when they become inflamed. This is known as diverticulitis. The causes of diverticula are a connective tissue weakness, chronic constipation, overweight, and age. The circumstances which cause the diverticula to become inflamed are not understood.

There is often a change in the consistency of the stools or the frequency of bowel movements. Patients may experience passage of mucus and blood and elevated temperatures. Left-sided abdominal discomfort, which subsides after a bowel movement, is common. In rare cases, intestinal stenosis and enteroceles may develop.

A high-fibre diet is recommended. The intestine should not be rested. Inflamed diverticula can be treated with antibiotic or anti-inflammatory enemas. If complications arise (enterocele, stenosis), the diseased segments of bowel must be surgically removed.
Crohn’s disease
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<th>Answer</th>
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<tr>
<td><strong>What is Crohn’s disease?</strong></td>
<td>In Crohn’s disease, inflammatory processes develop principally in the bowel but also in other organs. Most commonly affected are the lowest segments of the small intestine. If the disease affects the colon and rectum, recalcitrant fistulas and recurrent abscesses can develop in the anal region.</td>
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<tr>
<td><strong>What type of symptoms does Crohn’s disease cause?</strong></td>
<td>In most cases, diarrhea-like stools occur, potentially 10 to 20 times a day. General weakness, weight loss, and in adolescents delayed physical development, often occur.</td>
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<tr>
<td><strong>How is Crohn’s disease treated?</strong></td>
<td>Treatment is principally drug-based. Cortisone products are often essential. Sometimes symptoms subside by themselves without treatment. Recurrence must always be expected.</td>
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The importance of a well-formed stool

Our largely digested food enters the large intestine from the small intestine. There, water and minerals are extracted to produce a well-formed stool and allow bowel movements to take place easily.

Disturbances and discomfort can be expected if the stool is not sufficiently bulky, is too hard, or if it becomes diarrhea-like.

Small quantities of stools are difficult for the gut to transport. This can lead to constipation with flatulence and bloating as well as excessive straining of the gut wall, causing diverticuli.

If the stool is too solid or dropping-like, it can cause injury and pain. In such cases, opening the bowels is usually associated with severe straining, leading to a slackening of the pelvic floor, an overstretching and weakening of the sphincter muscles, and prolapse of the hemorrhoids or eventually even of the rectum.

A stool ranging from too loose to diarrhea-like does not stretch and exercise the sphincter muscle enough. The wall of the anal canal becomes rigid and loses the ability to close properly. This leads to continual wetting, smearing and permanently soiled underwear.

So it is in the interests of the gut as well as of the anus and hemorrhoids to ensure that the stools are well-formed. This is best achieved by eating correctly.
Mucofalk® orange
Granules

Active substance: Ispaghula husk
(Plantago ovata seed shells)

Bulking agents in Mucofalk®
The bulking agents in Mucofalk® include seed shells from certain types of plantain (Plantago ovata). These herbal substances encourage regular bowel movements by attracting water as they swell and increase the bulk of the stools with their indigestible fibrous constituents.

Furthermore, bulking agents increase the bacterial flora, which also adds to the bulk of the stools. The greater bulk in the bowel stimulates it to function more efficiently and the higher water content makes the stool softer.

Herbal bulking agents of this type can be used safely for relative long periods.

Indications:
Habitual constipation; diseases in which easier bowel movements with soft stools are desirable, e.g. anal fissures, hemorrhoids, following rectal or anal surgery and during pregnancy. As supportive treatment in diarrhea of various causes and in irritable bowel syndrome.

Dosage instructions:
Unless otherwise prescribed, adults and children over 12 years of age take the contents of one dosed sachet respectively one teaspoonful Mucofalk® orange 2 to 6 times daily after stirring into plenty of liquid (at least 150 ml).

1. Please never take the preparation in dry state, as difficulties in swallowing can occur.
2. Pour the contents of one sachet respectively spoon one teaspoonful of the granules into a glass.
3. Slowly fill the glass with cold water (at least 150 ml).
4. Stir with a spoon, ensuring that no lumps form, and drink immediately. Do not take when lying down!
5. Drink another glass of liquid afterwards.

**Hint**
Please also note the instructions for use.

**Store Mucofalk® orange in a dry place!**

**DR. FALK PHARMA GmbH**

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Further information for patients with bowel diseases:

– Colon Diverticula and Diverticulosis
  31 pages (M80e)

– Normalization of bowel function in constipation and diarrhea
  (Plantago ovata seed shells)
  39 pages (M81e)

These brochures can be ordered free of charge from Falk Foundation e.V. or the local Falk partner.