



## HEMORROIDHS DURING PREGNANCY

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Hemorrhoids occur frequently during pregnancy: 8% of women suffer of hemorrhoids in the third trimester and 30% after childbirth.

During pregnancy female body presents many changes that predispose to hemorrhoidal disease. The growth of uterine volume causes a pressure on the pelvic floor vessels obstructing venous return and developing a venous stasis. Moreover the pressure on the bowel could predispose to constipation. In the first weeks of pregnancy there are also hormonal modifications that might develop hemorrhoidal disease. The progressive increase of estrogens, especially progesterone, causes connective tissues relaxation. Venous vessels are stressed also because of increased blood volume and abdominal pressure, which gets worse as delivery approaches: from the 5<sup>th</sup> month mechanical factors (due to higher uterus volume) and behavioral ones (due to the tendency of decreasing physical activity) overcome.

Venous blood stasis, together with vascular weakness facilitates vessels enlargement, which causes anal swelling and the prolapse of hemorrhoidal plexus. Hemorrhoidal disease in the last trimester of pregnancy or after a month from delivery is connected with previous constipation, hemorrhoidal disease, anal fissures, a newborn over 3800 g of weight or an excessive straining (more than 20') during delivery. The above mentioned are independent risk factors.

Once the hemorrhoidal disease has been detected and causes symptoms, it is very important to treat them, before it worsen.

The choice of the best treatment of hemorrhoidal disease is related to the seriousness of symptoms. . Small hemorrhoids can be easily managed with behavioral therapy: i.e. take measures to reduce inflammation and restore venous walls elasticity. Some suggestions are increase physical activity which stimulates intestinal motility and facilitates the venous return, increasing the amount of fibers and liquids in diet, that will produce softer and more abundant stools, avoiding straining at defecation. Moreover anal hygiene with lukewarm water and osmotic detergents are also important, as it fastens healing and prevents infections. Cold water must be avoided as the consequent anal muscular spasm could worse hemorrhoidal symptoms.

Vasotonic/anesthetic and/or disinfectant ointments are the so called "conservative" therapies and may useful to heal hemorrhoids at initial stages and to relieve symptoms. Cortisone cannot be used during pregnancy and it must be substituted with food supplements to strengthen vessels walls and reduce inflammation (horse chestnut, altea, mauve, berries, blueberry and oligomers)

Local and systemic conservative treatment can be useful for hemorrhoidal crises during pregnancy.

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