

# 外科中心 Surgery Centre

## 痔瘡



查詢或預約，歡迎聯絡我們

### 外科中心

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### 辦公時間

星期一至星期五：上午九時至下午五時  
星期六：上午九時至下午一時  
星期日及公眾假期休息

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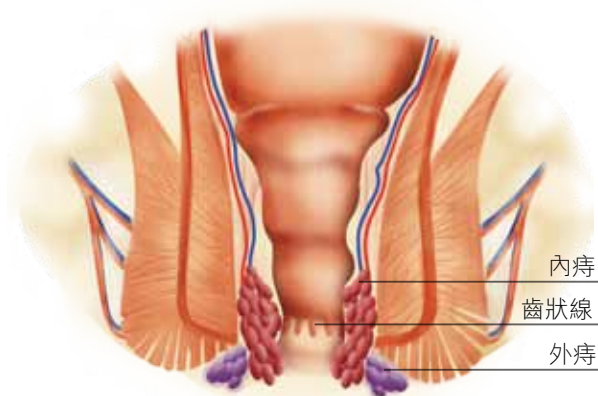


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痔瘡是由肛門的細小血管和軟組織形成。長期便秘、長期用力排便，都會引致肛門附近的血液循環受到阻礙，或令周圍的組織變弱，引起血管腫脹及軟組織突出，形成痔瘡。

痔瘡可分為內痔、外痔及混合痔三類。內痔位於痛楚分界線齒狀線以上，病者一般都不會感到痛楚。外痔位於齒狀線以下，並突出至肛門外，可以看到及摸到。當痔瘡發作時，病者會感到痛楚。如痔瘡範圍從齒狀線以上伸延至以下的，則稱為混合痔。



## 痔瘡所引起之問題

痔瘡的主要病徵多是排便時或排便後肛門出血。其他病徵包括大便帶血、排便時有軟組織垂出肛門外、肛門痕癢或疼痛、當痔瘡受擠壓及突出時，肛門會有疼痛不適的感覺。

痔瘡可按其嚴重性分為四期：

第一期：痔瘡在肛門內，並沒有突出，只產生一些病徵，如流血。

第二期：痔瘡突出至肛門外，但在排便後可自動復位。

第三期：痔瘡在病者排便後不能自動復位，需人手幫助將其復位。

第四期：痔瘡長期留於肛門外，病者無法將其復位。

## 治療痔瘡之方法

痔瘡的治療方法需按其嚴重程度而定。第一及第二期的痔瘡，一般採用藥物注射控制，或以橡筋結紮方法使痔瘡缺血收縮。但當痔瘡發展到第三或第四期的時候，則需以外科手術將之切除。

傳統開放式手術把脹大的痔瘡於肛門第三、第七及第十一點鐘的位置割除，但使病者留有外露的傷口，因此較為痛楚，需數星期方可康復。現今外科手術已可採用微創技術治療痔瘡。

## 微創手術治療痔瘡

環狀切除手術可治療內痔及體積較小的外痔。外科醫生會把「痔瘡儀器」放進肛門內，以環狀式切除內痔，及切斷附近黏膜供給痔瘡的血管。如屬外痔，則先將之推回肛門內，予以固定，再以「痔瘡儀器」作環狀式切除，及切斷血液供應。由於切除痔瘡的位置在齒狀線以上，故此手術後病者的痛楚是非常輕微。

## 微創手術的優點

環狀式切除手術與傳統手術所達致的治療效果無異。因環狀式切除手術的傷口是封閉的，故能大大減低痛楚及傷口受感染的機會，手術後更毋須特別護理。病者一般可在手術後第一天出院，數天後便可恢復日常活動。

養和醫院承諾為病人提供最好的醫療服務。本中心的專科醫生全面顧及病人需要和安全，在使用微創手術治療痔瘡方面，均具備豐富經驗和超卓技術。

## Advantages of Minimally Invasive Surgery

Stapled haemorrhoidectomy has the same effect as conventional open surgery, while the former has many advantages including no open wound, less wound pain, less wound infection and no need for special post-operative care. Patients can usually be discharged on the next day and return to their normal activities a few days afterwards.

Hong Kong Sanatorium & Hospital is committed to providing the most up-to-date and the best service to our patients. Experienced specialists in our Centre can offer the most patient-friendly approach to treat haemorrhoids safely using minimally invasive technique.

# 外科中心 Surgery Centre

For enquiries and appointments,  
please contact us at:

### Surgery Centre

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### Service Hours

Monday to Friday: 9:00 am – 5:00 pm

Saturday: 9:00 am – 1:00 pm

Closed on Sundays and Public Holidays

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## Haemorrhoids

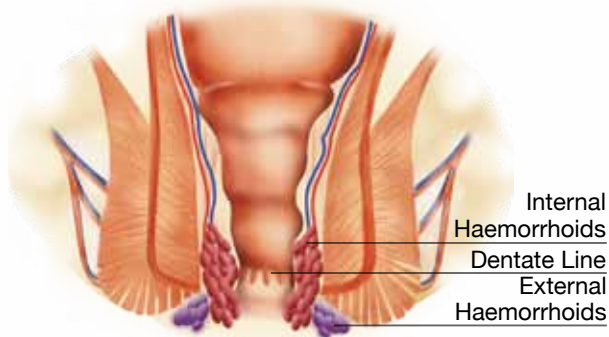


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**Haemorrhoids, often called piles, comprise of clusters of small blood vessels and soft tissue in the anal canal.** They are associated with chronic constipation and chronic straining. These factors either impede blood circulation around the anal area or weaken the surrounding tissues, resulting in blood vessel engorgement and swelling and protrusion of a lump of soft tissue at the anus.

Haemorrhoids are classified into internal, external and mixed according to their positions. Internal haemorrhoids are above the dentate line where there are no pain receptors. Thus, internal haemorrhoids are painless. External haemorrhoids are below the dentate line. They can be felt externally and during exacerbation, and they can be very painful. Mixed haemorrhoids are formed both above and below the dentate line.



## Problems Associated with Haemorrhoids

The major symptom is anal bleeding during or after defecation. Other symptoms include blood in stool, protrusion of soft tissue during defecation, itchiness or pain in the anal area, anal pain if there is strangulation of haemorrhoid and sensitive lumps in the anal area.

**Haemorrhoids have four stages of severity:**

- 1st degree: The haemorrhoid bleeds but does not protrude from the anus.
- 2nd degree: The haemorrhoid protrudes from the anus but returns to the anal canal spontaneously after defecation.
- 3rd degree: The haemorrhoid protrudes from the anus after defecation but can be pushed back with a finger.
- 4th degree: The haemorrhoid always protrudes from the anus and cannot be pushed back into the anal canal.

## Ways to Treat Haemorrhoids

Haemorrhoids are treated according to their severity. First and second degree haemorrhoids are usually treated with chemical injections or rubber band ligation. The former controls the haemorrhoid while the latter stops the flow of blood to the area so that the haemorrhoid withers away. For third and fourth degree haemorrhoids, surgical removal would be necessary.

In conventional open surgery, the haemorrhoid is removed at the three o'clock, seven o'clock and eleven o'clock positions of the anus. As it leaves an open wound on the patient, the procedure is often associated with severe post-operative pain and slow recovery of several weeks' time. Nowadays, haemorrhoids can be treated using the minimally invasive technique.

## Treating Haemorrhoids by Minimally Invasive Surgery

Stapled haemorrhoidectomy can be performed to treat internal haemorrhoids and small external haemorrhoids. For internal haemorrhoids, the surgeon inserts a specially designed "stapler" into the anus and performs circumferential excision. Blood supply to the mucosa proximal to the haemorrhoid is interrupted simultaneously. For external haemorrhoids, the surgeon pushes it back inside the anus and fixes it before performing circumferential excision and blood supply interruption with the "stapler". As excision is performed above the dentate line, the procedure produces significantly reduced post-operative pain.