

What Are Hemorrhoids?

Hemorrhoidal disease (often called “hemorrhoids”) involves abnormalities in the tissues lining the anal canal.

Hemorrhoids affect approximately 10 million people in the US and can have negative effects on quality of life.¹

What Are the Symptoms of Hemorrhoids?

Patients with internal hemorrhoids, which are located in the upper area of the anal canal, typically have rectal bleeding and discomfort that occurs with bowel movements. Severe internal hemorrhoids may protrude out of the rectum during defecation, coughing, or straining and may cause discomfort, itching, and wetness on the skin around the anal opening.

Patients with external hemorrhoids, which are located in the lower anal canal or the opening of the anus, may develop itchiness of the anal skin. External hemorrhoids that swell or develop blood clots within them (thrombosis) may cause severe anal pain and bleeding.

Mixed hemorrhoids are internal and external hemorrhoids occurring at the same time. Patients with mixed hemorrhoids may have symptoms of both internal and external hemorrhoids.

How Are Hemorrhoids Diagnosed?

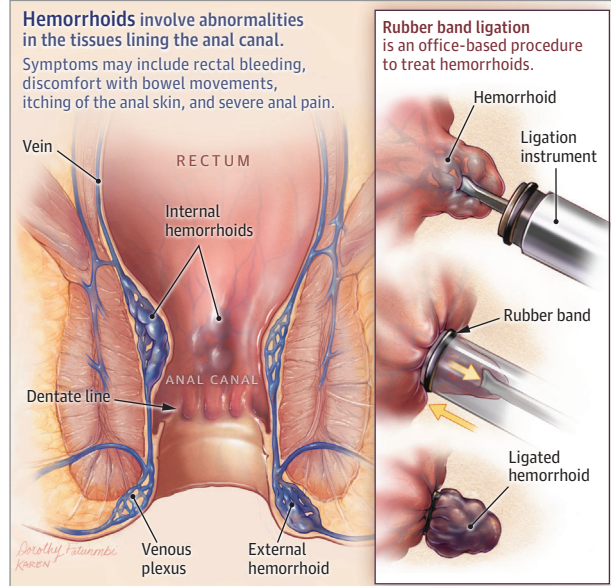
Hemorrhoids are often diagnosed based on symptoms and physical examination. Patients with symptoms that are unexplained by rectal examination should undergo anoscopy (a procedure in which a lighted probe is advanced several centimeters into the anus), and colonoscopy is recommended if anoscopy results are normal.

Behavioral and Medical Treatments for Hemorrhoids

Behavioral modifications for hemorrhoids include increasing water and dietary fiber intake and avoiding straining during defecation. Medications directly applied to hemorrhoids (such as topical hydrocortisone) may decrease mild hemorrhoidal bleeding and help delay or avoid surgery. Oral medications that include plant extracts such as flavonoids may also reduce hemorrhoid symptoms.

Office-Based and Surgical Procedures to Treat Hemorrhoids

Patients with internal hemorrhoids whose symptoms do not improve with behavioral and medical therapies are often treated with office-based procedures. Rubber band ligation involves placement of an elastic band around a hemorrhoid, which cuts off its blood supply, leading to its detachment in 1 to 2 weeks. Rubber band ligation eliminates symptoms in about 90% of patients, but approximately 20% require repeat banding. Injection sclerotherapy involves injection of a solution into a hemorrhoid to reduce its size.



Injection sclerotherapy reduces hemorrhoid symptoms in 70% to 85% of patients, although only 30% have long-term remission. Infrared coagulation, which involves application of heat to an internal hemorrhoid to reduce its size, decreases symptoms in 70% to 80% of patients.

Surgical removal of hemorrhoids is a treatment option for patients with internal hemorrhoids whose symptoms do not improve with office-based procedures, those unwilling or unable to undergo an office-based procedure, or those with mixed hemorrhoids. Although surgery has a low hemorrhoid recurrence rate (2% to 10%), it has a longer recovery period and more potential postoperative complications (such as bleeding, inability to completely empty the bladder, and fecal incontinence) than office-based procedures. Most patients with external hemorrhoids do not require surgery. However, early surgical removal of an acute blood clot within an external hemorrhoid may result in decreased rectal pain and reduced risk of recurrent thrombosis.

FOR MORE INFORMATION

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1. Ashburn JH. Hemorrhoidal disease: a review. JAMA. Published online August 18, 2025. doi:10.1001/jama.2025.13083