

HEMORRHOIDS *Stop sitting on your symptoms!*

Q&A

Hemorrhoidal disease and Sports

Many doctors are advising their patients to do more exercise as a measure to prevent hemorrhoidal disease. If you have the right treatment for your problem with your hemorrhoidal veins, **you do not have to give up sports and physical activity.** The first step, however, is to get an exact diagnosis. In case of anal bleeding or discomfort in the anal region that persists for several days, you have to consult a doctor, best a proctologist. He/she is also the right person to discuss which physical activities are appropriate. The following catalogue of questions and answers may help you to find out more about hemorrhoids and sports.

1. *High temperatures in summer and exercising can lead to an increase in sweating. How does this affect pre-existing hemorrhoidal disease?*

As the disease progresses the anal area is often irritated due to soiled and wet skin. Additional moisture from sweating softens the skin and makes it thus sometimes more accessible to bacterial or viral infections. It is therefore very important to keep the affected area clean. Breathable clothing may also allow air to flow and keep the skin dry.

2. *Cotton or functional underwear: What fabrics should be worn to protect the sensitive anal skin?*

People with hemorrhoidal disease should wear fabrics that are able to absorb moisture well. Although cotton is very absorbent and breathable, it holds the moisture when wet. Cotton underwear thus needs to be changed frequently if you sweat a lot. If you don't have time or the opportunity to do so during your sporting activity, you may benefit from functional underwear.

3. *What sports are allowed in low-grade piles and which should rather be avoided?*

In general, all sports are recommended that put only low pressure on the pelvis, for example swimming or walking. Exercises that place a strain on the pelvic floor may not be suitable if you already suffer from the early signs of hemorrhoidal disease. Strong vertical forces can create a high pressure on the pelvis, which may cause hemorrhoidal veins to prolapse.

4. Are there other diseases in the anal region which could get worse upon exercising?

If the skin in the anal area is affected by constant friction, moisture, or by lack of hygiene, anal eczema may result. Severe pressure on the pelvic floor may also promote anal thrombosis in the superficial veins of the anus. The pressure causes stasis of the blood in the vessels around the anus, leading to the formation of blood clots.

5. Jogging with low-grade hemorrhoidal disease - what factors need to be considered?

There are no objections to jogging with grade I or II piles. The same applies to stop-and-go sports such as tennis or squash. Of course, this depends very much on the axial strains exerted on the pelvis during exercise. With stiff-soled running shoes, each step may exert a strong force on the pelvis, thus worsening hemorrhoidal disease in the long run and if you train a lot. Attention should therefore be paid to carefully choosing the right running shoes and to reducing the total weekly mileage to a reasonable level.

6. What about swimming with low-grade piles?

Swimming is a very good way to prevent the symptoms from worsening, mainly because of the hydrostatic pressure of the water which counteracts the raised blood pressure in the hemorrhoidal plexus. After bathing, however, it is important to remove your wet bathing suit immediately and carefully dry the skin in the areas affected. This helps to avoid softening of the delicate anal skin which may lead to the destruction of its protective function.

7. Is cycling to be recommended for patients suffering from hemorrhoidal disease?

Long-distance cycling on a narrow racing saddle is never good for the small pelvis¹, nor is it for enlarged hemorrhoid veins. When sitting on a normal chair, our weight is supported by our ischiatic tuberosity; on a small racing saddle, the weight rests completely on the pubic rami, which may increase the pressure on the pelvic floor and on the nerves located in this area. (Erectile dysfunction is a common problem among cycling professionals.)

Cycling fans with a hemorrhoidal disease who do not want to miss out on riding should therefore be sure to choose the right saddle. Special saddles are available which help you to sit on your ischiatic tuberosity: they are long, with a slot in the middle and a fairly wide seat cushion.² Women should choose a saddle designed to fit the specific anatomy of the female pelvic apparatus.

8. *Is sporting recommended for patients with grade III or IV hemorrhoidal disease?*

Patients suffering from more severe forms of hemorrhoidal disease are at risk of a prolapse, which may become thrombosed if it gets stuck outside the anal canal. These patients should therefore refrain from exercise for the time being. It is very important to get the disease under control by applying the correct medical treatment. Once this goal has been achieved, patients may restart their sporting activities, in consultation with their doctor.

9. *What is it important to note about applying creams or ointments before or after exercising?*

All topical preparations for the treatment of hemorrhoidal disease have one thing in common: when sweating increases during exercise, they easily stick together and thus may provoke itching in the area of application, instead of relieving it. The problem can easily be solved by a small cotton ball which is placed between the treated areas of skin to absorb excess fluid.

10. *If topical treatment is not sufficient, rubber band ligation or sclerotherapy can be used to treat higher grades of hemorrhoidal disease. How soon after this treatment one can start exercising again?*

Resumption of sporting activities after rubber-band ligation or sclerotherapy depends largely on the type of sports you want to do and should first be discussed with your doctor. As a rule of thumb, you should wait for about two weeks before restarting activities that may raise pelvic pressure; playing ball games, such as volleyball, may already be possible after one week.

11. *When can I start to exercise again after hemorrhoid surgery?*

The answer to this question depends strongly on the type of surgery and how the area heals. If you start exercising too early, complications may arise from the rupture of a blood vessel, which will lead to bleeding. Patients who have had surgery can expect a recovery time of 3 to 4 weeks.

12. *Are there any travel restrictions after surgery?*

Care must be taken when travelling by air. Increased acceleration forces during take-off, landing or when the aircraft drops suddenly due to air turbulences, may lead to an increase of air pressure causing rupture of blood vessels. Doctors usually advise their patients to wait 3 to 4 weeks after surgery before travelling by air.

13. Can pelvic floor exercises be recommended to prevent hemorrhoidal disease?

The benefits of pelvic floor exercises in preventing hemorrhoidal disease are often overstated. One should not forget that hemorrhoidal disease is due to weak connective tissue, not to muscular weakness. Unlike muscles, connective tissue cannot easily be trained. No real benefit of pelvic floor exercises has yet been scientifically proven.

14. Is it recommendable to go to the sauna when suffering from hemorrhoidal disease?

For patients with mild forms of hemorrhoidal disease there is no reason why they should not use the sauna. Benefits include cutaneous vasodilatation, an increase in skin blood flow and positive effects on the cardiovascular system. Patients with advanced forms of the disease should not go to the sauna - it might increase oozing from the piles.

15. Summer time is travel time. What rules apply to travellers who suffer from hemorrhoidal disease?

Long-distance flights with limited possibilities for moving around may lead to an increased risk of the formation of a blood clot in the anal region, resulting in anal bleeding. Patients who suffer from itching, burning or pain in the anal area should consult their doctors before travelling. The sooner you consult your physician, the better your chances are of getting rid of your annoying problem quickly.

For those at risk of thrombosis, the treating doctor may decide to prescribe heparin injections before a long-distance flight. The heparin injection must be given before departure, and can be done by the patient himself. (Your doctor will teach you about how to perform the injection.)

References:

¹ Sauper et al. Impaired anal sphincter function in professional cyclists. Impaired anal sphincter function in professional cyclists. *Wien Klin Wochenschr.* 2007;119(5-6):170-3.

² Breda G et al. Development of a new geometric bicycle saddle for the maintenance of genital-perineal vascular perfusion. *The Journal of Sexual Medicine* 2005;2(5):605-611.