

# Crew Health Advice: Haemorrhoids

Haemorrhoids have been identified as a cause of seafarer repatriation across various studies, and the UK Club continue to see claims as a result of this illness. Haemorrhoids (or piles) are abnormally enlarged veins in the walls of the rectum and anus. Internal haemorrhoids are situated on the bowel side of the sphincter muscle and appear only when straining to empty the bowels. External haemorrhoids are found in the region of the sphincter muscles and can normally be seen protruding from the anus as purple bulges.

In many cases, haemorrhoids do not cause symptoms, and some people may

not even realise they have them. However, when symptoms do occur, they could include:

## Symptoms

- bleeding after passing a stool (the blood is usually bright red)
- itching around the anus
- a lump hanging down outside of the anus, which may need to be pushed back in, after passing a stool
- a mucus discharge after passing a stool
- pain, soreness, redness and/or swelling around your anus

## What causes haemorrhoids?

The exact cause of haemorrhoids is unclear, but they are associated with increased pressure in the blood vessels in and around the anus. This pressure can cause the blood vessels in the back passage to become swollen and inflamed.

Many cases are thought to be caused by too much straining on the toilet, due to prolonged constipation – this is often due to a lack of fibre in the diet. Chronic (long-term) diarrhoea can also make you more vulnerable to getting haemorrhoids.



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Other factors that might increase the risk of developing haemorrhoids include:

- being overweight or obese
- age – as people get older, the body's supporting tissues get weaker, increasing your risk of haemorrhoids
- being pregnant – which can place increased pressure on your pelvic blood vessels, causing them to enlarge (read more about common pregnancy problems)
- having a family history of haemorrhoids
- regularly lifting heavy objects
- a persistent cough or repeated vomiting
- sitting down for long periods of time

### Prevention

Haemorrhoid symptoms often settle down after a few days, without needing treatment. However, making lifestyle changes to reduce the strain on the blood vessels in and around the anus is often recommended. Lifestyle changes can include:

- gradually increasing the amount of fibre in the diet – good sources of fibre

include fruit, vegetables, wholegrain rice, whole wheat pasta and bread, pulses and beans, seeds, nuts and oats

- drinking plenty of fluid – particularly water, but avoiding or cutting down on caffeine and alcohol
- not delaying going to the toilet – ignoring the urge to empty the bowels can make stools harder and drier, which can lead to straining when the bowel is finally emptied
- keeping the anus clean and dry
- avoiding medication that causes constipation – such as painkillers that contain codeine
- reducing weight (if overweight)
- exercising regularly – can help prevent constipation, reduce blood pressure and help lose weight

These measures can also reduce the risk of haemorrhoids returning, or even developing in the first place.

### Treatment

Medication that can be applied directly (known as topical treatments) or tablets bought from a pharmacy or prescribed by

a doctor may ease the symptoms and make it easier to pass stools. Cold packs on the affected area can also be used to ease discomfort.

There are various treatment options for more severe haemorrhoids. Common hospital treatments include the following. You will be awake for the procedure but the area will be numbed. You should be able to leave hospital the same day.

- rubber band ligation: a band is placed around the piles to make them drop off
- sclerotherapy: a liquid is injected into the piles to make them shrink
- electrotherapy: a gentle electric current is applied to the piles to make them shrink
- infrared coagulation: an infrared light is used to cut the blood supply to the piles to make them shrink

If these treatments do not work, you may require surgery under general anaesthetic (where you're unconscious) to remove or shrink large or external haemorrhoids.

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The Club was the first to launch a crew health scheme in 1996 due to increasing crew illness claims and a lack of accountability of clinics. Since 1996, the Crew Health programme has become one of the Club's leading loss prevention initiatives. The aim of the programme is to reduce the volume and value of crew illness claims which are caused by a pre-existing illnesses or disease. These underlying conditions often impact on the crew member's fitness for service and can endanger not only the health of the seafarer but also the onboard safety of other crew.

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Sophia joined Thomas Miller in 1992 and from 1994 worked as a claims handler dealing mainly with French and Spanish Members. In 2004, Sophia became the Crew Health Programme Director. Sophia has undertaken a large number of clinic audits, implemented the standard medical

form and clinic guidelines. She has also lead the scheme through the largest period of growth and development with a doubling of approved clinic facilities and a four fold member increase. Sophia is a Director of Thomas Miller & Co. Ltd.

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Saidul Alom joined Crew Health from the European Region Service Team in 2004. Saidul provides administrative support to the Crew Health programme and is responsible for liaison with the approved clinics on financial billing matters and ensuring prompt payment of all clinic fees.

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Stuart joined Thomas Miller in 1998 as a claims trainee for UK P&I Club's Greek Members. In April 2005 Stuart joined Crew Health as the Team Administrator. Stuart is responsible for co-ordination of Member entries and administration for the clinic approval process.