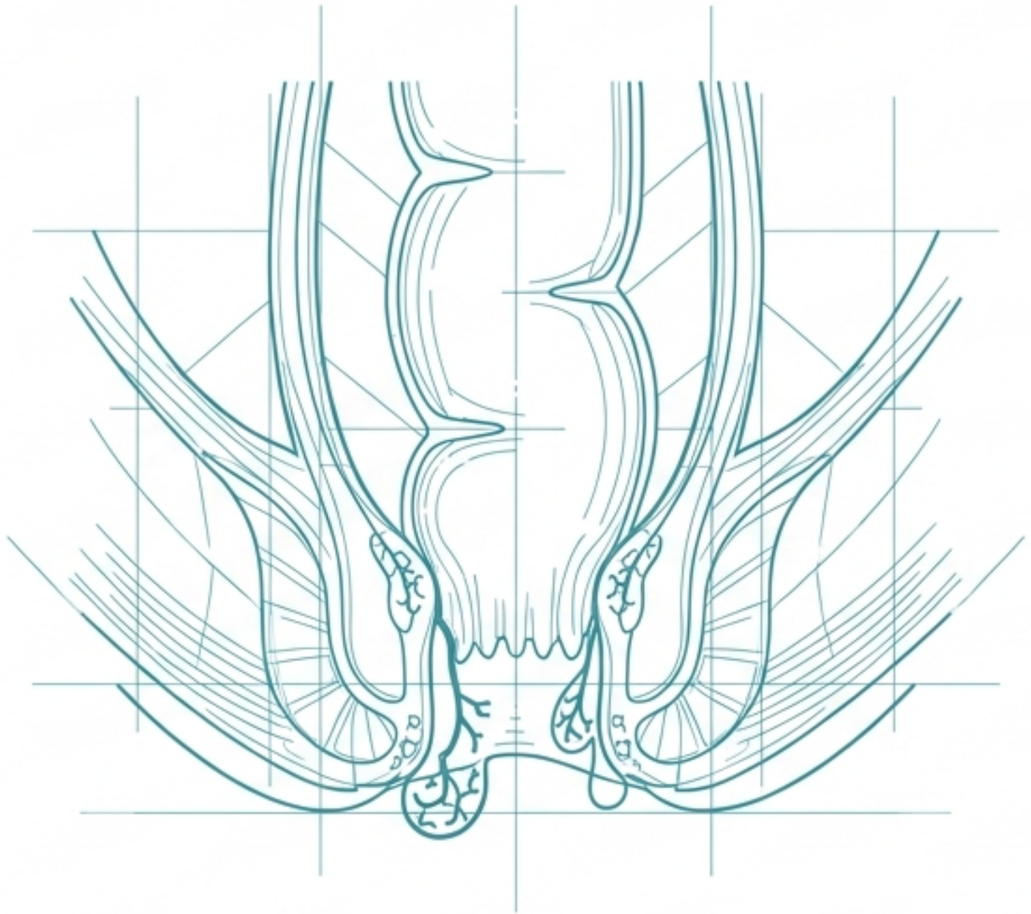
Official Best Practice Advice (BPA)

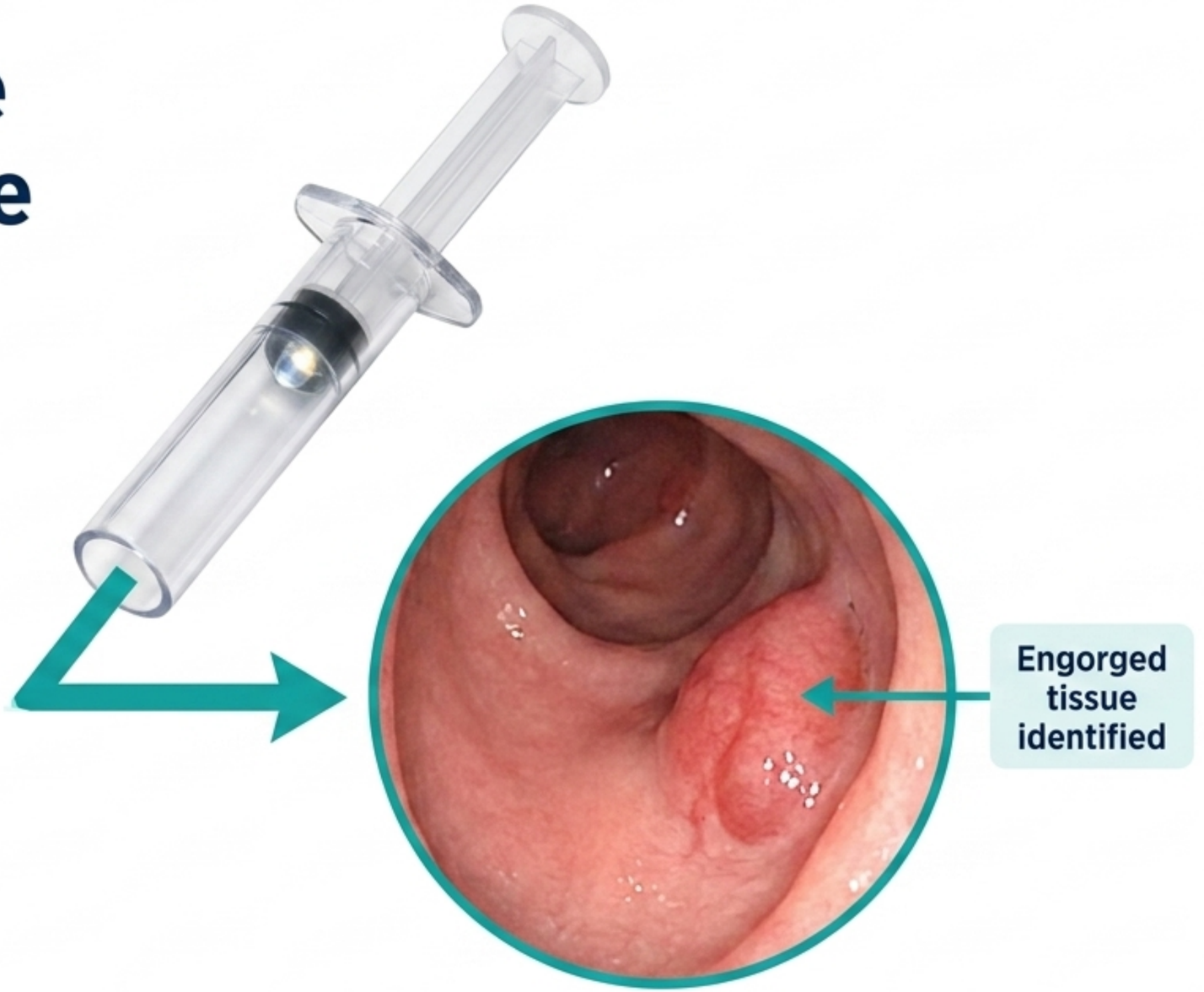
AGA Clinical Playbook for Hemorrhoid Management

Synthesized from the AGA Institute Clinical Practice Updates Committee (CPUC) expert review.



Visualization is the Diagnostic Baseline

AGA BPA 4: Anoscopy should be performed, whenever possible, on every new patient with suspected hemorrhoids prior to treatment to ensure accurate diagnosis.



The Symptom-to-Source Diagnostic Matrix

Symptom	Internal Hemorrhoids	External Hemorrhoids	Other Diagnoses
Rectal Bleeding	✓		
Perianal Itching		✓	
Sharp Pain on Defecation / Digital Exam			✓ Anal Fissure ⚠ **Alert:** Coexists with hemorrhoids in 20% of cases. Treat fissure first.
Significant Pain (Baseline)			✓ Acutely Thrombosed Hemorrhoids **Note:** Hemorrhoids only cause significant pain when acutely thrombosed.

Differentiating Prolapse on Physical Exam

Prolapsed Hemorrhoids

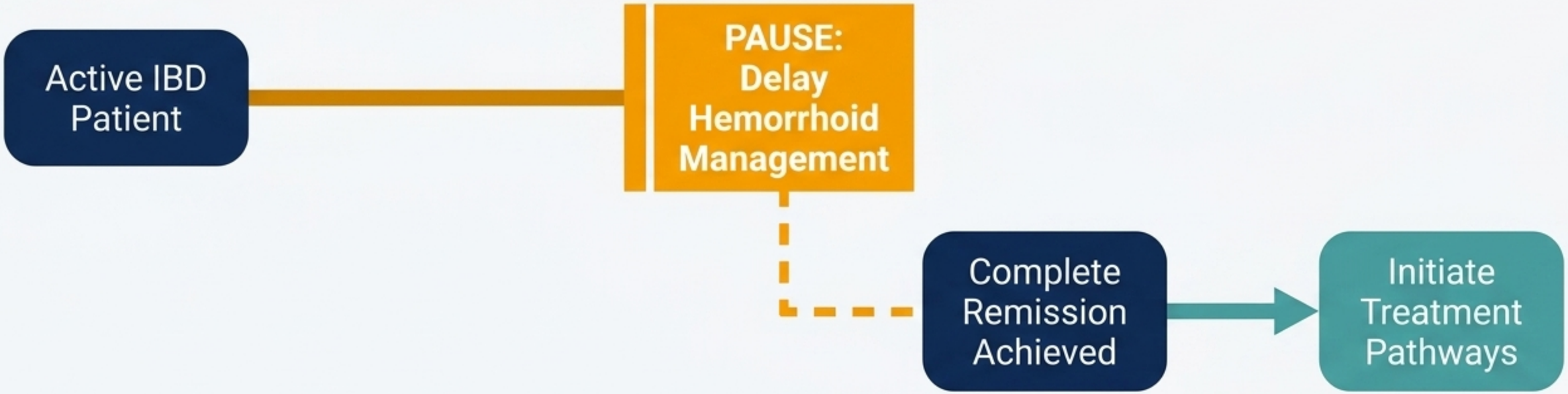
- **Visual Marker:** Radial folds.
- **Vascular State:** Engorged blood vessels.

Rectal Prolapse

- **Pathology:** Intussusception of the rectal wall.
- **Visual Marker:** Circular folds.
- **Anatomy:** Pink rectal mucosa due to loss of normal attachments.

The Active IBD Boundary

AGA BPA 7: In patients with active Crohn’s disease or ulcerative colitis, hemorrhoid disease management should be delayed until complete remission is achieved.



Topical Treatments and the Two-Week Limit

AGA BPA 3: Topical treatments (anesthetics, astringents, corticosteroids, vasoactive agents) can be considered, but there is little data to support efficacy. Topical steroids should not be used for more than 2 weeks at a time.

The Procedural Arsenal

These tools represent the intervention layer for internal hemorrhoids prior to surgical escalation.

Banding / Ligation Tools

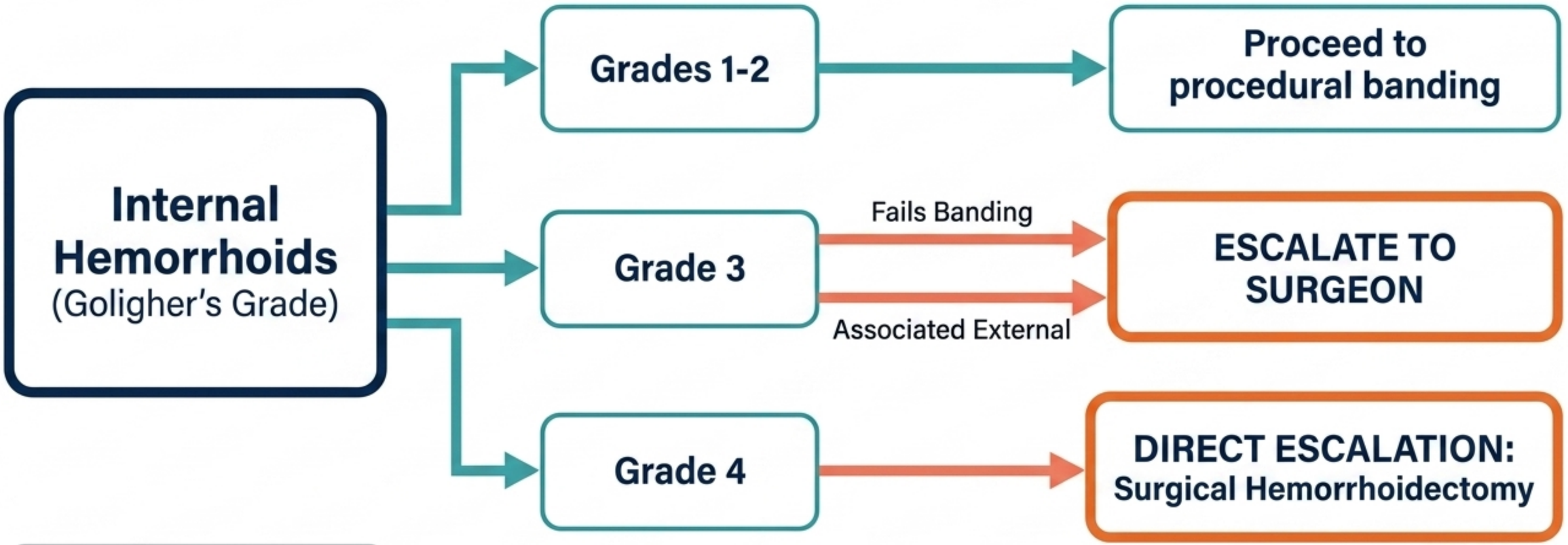
Primary procedural intervention for internal hemorrhoids.

Infrared Coagulator (IRC) Base & Wand

Alternative non-surgical ablation tool for low-grade internal hemorrhoids.

Stepped-Care Escalation Algorithm

AGA BPA 10: Consultation with a surgeon should be offered to patients with grade 3 internal hemorrhoids who fail banding procedures or have associated external hemorrhoids. Grade 4 internal hemorrhoids require surgical hemorrhoidectomy.



Note: Large skin tags can be removed without hemorrhoidectomy if not associated with significant hemorrhoids.

Informed Consent and Emergency Complications

AGA BPA 6: As part of informed consent for hemorrhoid therapies, the patient must be made aware of the **small possibility of pelvic sepsis** as a complication.

Patient Discharge Instructions	
☑	Counsel patient on pelvic sepsis risk.
☑	Instruct immediate presentation to the Emergency Department for evaluation if symptoms occur.