

Solving the Problem of Hemorrhoids

Hemorrhoids typically don't require critical care, but they can make sufferers' lives unbearable due to pain, itching, swelling, and bleeding. Fortunately, modern treatment methods can resolve hemorrhoids quickly, safely, and painlessly.

“Most people experience a certain level of anxiety when they need to address colorectal issues,” says Valerie R. Dyke, MD, FACS, a board-certified colorectal surgeon. “In our practice, we are proud that our patients consistently say they would have come to us much sooner if they had known how easy and comfortable it was to have their concerns addressed.”

Dr. Dyke and her colleagues, Janette U. Gaw, MD, and Cesar A. Santiago, MD, are the only fellowship-trained colorectal surgeons operating in Lee County, and they treat a wide range of disorders, from colon cancer to hemorrhoids. They always use the latest technologies and a multidisciplinary approach to evaluate and treat their patients.

“We caution people to refrain from self-diagnosing,” adds Dr. Santiago, “especially those who may be tempted to presume that rectal bleeding is just a symptom of hemorrhoids. It is essential that such patients be evaluated by a physician specializing in this area, in order to

rule out a more serious condition.”

Newest methods

For hemorrhoids which do not respond to such conservative care as over-the-counter medications, doctors may recommend an innovative treatment method called *rubber band ligation*.

“This procedure is especially effective



The Colorectal Institute

Valerie R. Dyke, MD, FACS
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for second degree hemorrhoids, which are those that protrude at defecation but contract spontaneously,” notes Dr. Gaw.

A nonsurgical method for the removal of hemorrhoids, rubber band ligation involves a tiny flexible band which is placed around the pile, where it tightens, depleting the blood supply to the area. Deprived of blood, the hemorrhoid shrinks, and the troubling condition is resolved.

For cases in which very large internal hemorrhoids exist, a *Procedure for Prolapse and Hemorrhoids* (PPH) may be the best option.

“Basically, PPH is performed under general anesthesia,” explains Dr. Dyke,

“but the recovery is a significantly shorter time period with much less pain than with what we would call ‘conventional’ hemorrhoid surgery.”

A physician experienced in all treatment methods can serve as a knowing guide in making the decision as to which treatment is the best choice.

“There is no single treatment for all hemorrhoids, and the physician must evaluate each patient individually,” concludes Dr. Dyke. “The good news is that with advances in modern medicine, we can offer more comfortable, less-invasive treatments for a variety of hemorrhoid conditions.”

FHCN—Michael J. Sabno

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Valerie R. Dyke, MD, FACS, is board certified by the American Board of Colon & Rectal Surgery. After receiving her medical degree from the University of Maryland, she completed her general surgical residency at Abington

Memorial Hospital in Philadelphia. Dr. Dyke then completed a colorectal surgery fellowship at the Ferguson Colorectal Clinic in Michigan.



Janette U. Gaw, MD, is board certified by the American Board of Colon & Rectal Surgery. After receiving her medical degree from Yale University, where she also completed her general surgery residency, Dr. Gaw was awarded a re-

search fellowship with the Division of Colorectal Surgery at the Mayo Clinic. She then completed a colorectal surgery fellowship at the Georgia Colon and Rectal Surgery Clinic in Atlanta.



Cesar A. Santiago, MD, is board certified by the American Board of Surgery. After receiving his medical degree from Ponce School of Medicine, Dr. Santiago completed his general surgery residency at Mt. Sinai School of

Medicine/Cabrini. He then completed a colorectal surgery fellowship at the University of Miami/Jackson Memorial Hospital.