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TOILET TRIVIA

(if you are trying to read this while on the toilet, you're spending far too much time there!)

A persistent or increasing problem should result in you contacting our or your primary practitioners office.

Lifestyle issues are @ least 50% of the treatment plan of most proctological problems. Furthermore, attention to such issues is close to 100 % of the program of prevention of these issues.

A primary component of prevention and treatment is **increasing awareness** of the relationship between such lifestyle issues and peri-anal symptoms and conditions.

Over time, you will come to see the relationship - and make appropriate adjustments.

The components of such a Lifestyle Management program include attention to:

- **Nutrition and Dietary Cautions**
- **Substance Use and Abuse**
- **Fitness and Physical Activity Cautions**
- **Stress Management**
- **Toilet Hygiene**
- **Short-term Medicinal Treatments**

Nutrition and Dietary Cautions:

What – and how – we eat fundamentally affects the anal area.

It is essential to chew adequately (there are no teeth in the intestines! - grinding is necessary initially for a reason...but we so often forget to do so!): doing so reduces gas, cramping, and irritation to the intestinal lining. Further, it is equally important to eat slowly, at the same time each day, and to sit down while eating to avoid such symptoms and to maximize digestion.

The *balance of adequate fiber and fluids is essential*. Further, you may need to attend to individual *food sensitivities*.

⇒ **Fiber:**

There are numerous means to obtain daily fiber supplementation. Please note: *a balanced diet including unprocessed and unrefined foods has consistently been shown to enhance health and reduce the risk of cancer, gastrointestinal disease, cardiovascular disease, and other conditions*. **Fruits, vegetables, grains, and cereals** are important sources of fiber. The recommended daily amount of fiber is **@ least 20 Grams (Gm)/day**; the average American eats less than 5Gm/day. Resources are available to help you assess your fiber intake. **Flaxseed** is an excellent source of fiber (and essential fatty acids/omega-3 oils; see separate handout).

There can be a *fiber "sensitivity"*, particularly for individuals whose historic fiber intake has been low. One observation has been that greater than 5Gm at one time can result in abdominal discomfort or cramping and gassiness. Spreading the fiber intake over the day has shown to reduce that risk.

For some, a *daily supplement* seems to be a way to achieve a minimal fiber intake and to ensure a well-formed stool. The supplement should not substitute for whole foods. Commercially available products include (**@ least initially, use no more than half of the manufacturers recommended dose**):

- **Citrucel** (methylcellulose) derived from ground-up cornhusks: preferred; seems to cause less gas. Multiple forms exist. Recommended dose: 2 caplets or 1 tbsp (1/2 packet) with 6-8 oz. of water or juice + 6-8 oz. of additional liquid
- Metamucil (psyllium) derived from the seed of the plantago plant.
- FiberCon (calcium polycarbophil)

The ingestion of adequate fluids is all the more important when taking a fiber supplement.

⇒ **Fluids:**

In general, we should drink a minimum of 64 ounces (2 quarts) per day. The primary exception would relate to certain, specific medical conditions that require fluid restriction. Water is the best and easiest source of fluid.

⇒ **Dietary Cautions and Balance:** These may need to be drastically reduced or possibly eliminated altogether. Certain foods can trigger or aggravate peri-anal difficulties. These include:

- Caffeine in soda/tea/chocolate
- Hot, spicy, greasy, fried, fatty foods
- Tomatoes (& ketchup)
- Stimulants (medicines) and irritants (citrus)
- Foods with sharp edges including seeds and nuts (peanuts, popcorn, raw carrots)
- Gas producing items: carbonation, sugar, artificial sweeteners, dairy, certain foods (corn, turkey, beans, etc.)
- Constipating foods (cheese)
- Red meat and other animal products
- Other: very individual!

A balanced intake, preferably with small, multiple meals in the day, with moderation is optimal.

Substance Use and Abuse: *including caffeine, alcohol, nicotine and others;* reduction or discontinuance may be necessary. In addition to their **irritating** (to the point of cellular damage – and cancer!) qualities, these items, particularly in excess, can be **dehydrating**. Equal amounts of fluid (water) are necessary to offset the dehydrating effects of alcohol and caffeine.

Fitness and Physical Activity Cautions

A balance of physical activity and a commitment to exercise is essential to overall health, including proctologic.

- *Position Changes:* Avoid extended Sitting and Standing.
- Avoid Excessive Lifting.
- Regular Physical Activity (walking) including aerobic.
- Maintain "Body Balance": weight, abdominal tone and flexibility.
- *Travel Cautions:* adequate hydration, position changes, alcohol/other cautions, remember medications/wipes/etc.

Stress Management

The relationship between - and management of - stress and proctological problems can be particularly challenging. Attention to relaxation, a balance between work and play, and an overall commitment to self-care are essential. Numerous resources exist to assist us in attending to these matters.

Toilet Hygiene

- Caution with excessive attention to the area ("overzealous cleaning").
- *Cleansing:* rinse off all soap residue/no soap, no washcloth or towel (blow dry); post bowel movement (BM) - swab with moist tissues (**toilet wipes** - see separate information) – avoid toilet paper - and pat dry.
- Act on urge to stool. • Avoid straining/reading/time on the toilet. • Attempt prolapse reduction via gentle pressure.
- Prelubricate prior to BM, if necessary and indicated, with K-Y jelly, Vaseline, or aloe gel.
- Caution with excessive sitz baths, "doughnuts" for sitting, medicines (including witch hazel/Tucks®).
- *Moisture-Irritant Avoidance:* loose cotton underwear, talcum powder; hypoallergenic detergents + adequate rinse
- *For severe itching:* cotton gloves may be necessary at night. Also consider antihistamines (diphenhydramine) or Pramoxine. Avoid perfumes and excessive creams and ointments. Additional information available.

Short-term Medicinal Treatments: To be used with caution and most instances, for only short periods of time. *(When using topicals and suppositories, the use of gloves, a finger cot, a plastic bag, or the bare finger are all options - be sure to adequately wash your hands subsequently.)*

Hydrocortisone (HC; 2.5% prescription strength, 1% over the counter) can, over an extended amount of time, actually cause tissue damage (thinning of a tissue, skin pigment changes, itching). This ingredient can be present in many products - including Laser cream™ and many OTC preparations.

Laser cream™: 1 % or 2.5% Hydrocortisone (anti-inflammatory), Pramoxine (moisturizer/anti-itching agent) and 2% Tetracaine (numbing medicine/anesthetic). Use as directed, **prior to BM and before suppository insertion.**

Anusol HC suppositories should be used as directed. Be gentle with the insertion - be sure to pre-lubricate prior to insertion. Insertion is also easier if the suppository has been refrigerated - and be sure to remove the foil wrap!

Nitroglycerin/Nifedipine cream 0.2-0.5% are potent medicines for the treatment of anal fissures. It is essential to use the correct product as directed. A gradual increase in dosage will minimize common side effects (headache, lightheadedness).