Hemorrhoid Won't Go Away, Why It Lingers and What to Do Next



Introduction

If your **hemorrhoids won't go away**, you are not alone, and it does not mean you are doing something wrong. Most flare-ups of hemorrhoids (also called **piles**) settle within about a week of home care, but some linger for weeks or months, or keep coming back. When that happens, there is usually a clear reason and a clear next step.

This guide explains **how long is too long**, why **chronic hemorrhoids** persist, when a lump is not really a hemorrhoid, and which **medical treatments** work when home care is not enough. If you are still in the first week of a flare-up, start with our guide to fast hemorrhoid relief at home. If the pain came on suddenly with a hard, purple lump, read our thrombosed hemorrhoid guide instead.

Quick Answer, Why Hemorrhoids Don't Go Away

Most hemorrhoids improve within a week of home care. If yours has lasted **longer than a week** without getting better, the usual causes are **ongoing pressure on the veins** (straining, constipation, long hours of sitting), a **prolapsed or advanced internal hemorrhoid**, a leftover **skin tag**, or a different condition that only looks like a hemorrhoid. See a doctor after one week without improvement, and right away for **bleeding**, severe pain, or a lump that **won't go back in**. Doctors can treat persistent hemorrhoids with **office procedures or surgery**.

How Long Do Hemorrhoids Last, and How Long Is Too Long

There is no single timeline, because the answer depends on the **type of hemorrhoid**. Use this table as a guide, not a deadline.

Type	What is typical	When it counts as too long
Mild external hemorrhoid (itching, soreness, small swelling)	For many people, symptoms go away within **a few days**	No improvement after **one week** of home care
Internal hemorrhoid with bleeding	Often settles within about a week once stools are softer	Bleeding that **continues, returns, or is new to you**
Prolapsed internal hemorrhoid (a bulge after a bowel movement)	Many settle **without treatment**	A bulge that **won't go back in**, or comes out every day
Thrombosed external hemorrhoid (hard, painful, purple lump)	Pain is worst in the first few days, and most heal in **2 to 4 weeks**	Severe pain after a week of home care, or a lump that hasn't shrunk after about a month. See our thrombosed hemorrhoid guide
Hemorrhoids in pregnancy	Often ease after childbirth	Symptoms that stay after delivery. See our guide to pregnancy hemorrhoids
Leftover skin tag	Does **not** shrink on its own	Harmless, but get it checked if it bleeds, grows, or changes

The simplest rule is the **one-week rule**. The NIDDK advises seeing a doctor if you still have symptoms after one week of at-home treatment, or if you have **any rectal bleeding**.

Can Hemorrhoids Last for Years, and Are They Permanent

Yes, symptoms can last for years, and it is more common than most people think. Here is why.

Everyone has hemorrhoidal tissue. These soft cushions of blood vessels at the end of the rectum are normal anatomy. They are only called hemorrhoids when they **enlarge and cause symptoms**. So the tissue itself is permanent, and what comes and goes is the swelling, bleeding, and pain.

Once hemorrhoids have enlarged, they usually **don't shrink back to normal on their own**, even though symptoms can improve. That is why many people live with **flare-ups that calm down and return**, sometimes for years. Living with it is common, but it is not something you have to accept. Long-lasting symptoms deserve an exam, because there are effective treatments and because other conditions can look the same.

They can come back after treatment too. A systematic review found recurrence rates between **0% and 56.5%** after surgery or other procedures, and most studies reported **20% or less**. Risk factors included **constipation, a sedentary lifestyle, being male, and older age**. Treatment fixes the current problem, but the habits that put pressure on the veins decide whether it returns.

Why Hemorrhoids Don't Go Away

When hemorrhoids last beyond a week or two, it is rarely bad luck. These are the most common reasons.

- **The pressure never stops.** Constipation, straining, long toilet sessions, heavy lifting, and hours of sitting keep the veins swollen. Our guides to a high-fiber hemorrhoid diet and sitting with hemorrhoids cover the daily habits.
- **The hemorrhoid is too advanced for home care.** Internal hemorrhoids are graded by how far they prolapse. Grade I never prolapses, grade II goes back on its own, grade III has to be pushed back in, and **grade IV can't be pushed back at all**. Grades III and IV usually need a doctor.
- **Home care is stopping early or going wrong.** Hydrocortisone cream should not be used for more than about a week, and **scrubbing, scented wipes, and too much cleaning** irritate the skin and prolong symptoms. See our guide to fast hemorrhoid relief at home for the right order of steps.
- **A clot or skin tag is left behind.** A thrombosed hemorrhoid takes weeks to fade, and it can leave a painless **skin tag** that stays for good.
- **It may not be a hemorrhoid.** Anal fissures, abscesses, and other conditions can feel the same, and not every anal symptom is caused by a hemorrhoid. We explain how to tell the difference in the next section.
- **Something else is driving it.** Chronic constipation or diarrhea, excess weight, pregnancy, and aging all keep the pressure on. If constipation never improves despite fiber and fluids, ask your doctor why.

Is It Really a Hemorrhoid

Hemorrhoids are common, but they are not behind every lump or anal symptom. When a "hemorrhoid" refuses to go away, it is worth asking whether it is one. Doctors weigh several look-alike conditions, including fissures, abscesses, and, rarely, cancer. A few quick clues:

- **Skin tag.** A soft, painless flap of skin, often left behind after swelling heals. It is harmless and does not shrink on its own.

- **Anal fissure.** A small tear that causes **sharp, tearing pain** during or after a bowel movement, often with bright red blood on the paper and usually no lump.
- **Perianal abscess.** A **red, warm, throbbing** swelling, sometimes with fever or pus. It needs prompt medical care.
- **Advanced prolapse.** Tissue that comes out and **won't go back in** needs an exam to confirm what it is.
- **Anal or rectal cancer.** Rare, but it can cause bleeding, a lump, or a change in bowel habits, which is why bleeding should always be checked.

You can't reliably tell these apart on your own. For a side-by-side look at painful lumps, see our thrombosed hemorrhoid guide.

When to See a Doctor for Hemorrhoids That Won't Go Away



Book an appointment if you notice any of the following:

- Symptoms that have **not improved after one week** of home care
- **Any rectal bleeding**, especially if it is new, comes with a **change in bowel habits**, **dark or black stools**, or **unexplained weight loss**, or if you are due for colorectal cancer screening
- A bulge that **won't go back in** or comes out every day
- Symptoms that **keep returning** or have lasted for weeks or months
- A lump that is **growing, hard, or changing**

Go to urgent care or the ER for heavy bleeding, dizziness or fainting, fever with worsening pain, swelling or pus, or trouble passing urine.

Bleeding is the symptom people most often explain away, so it deserves the most caution. Our guide to what the blood means and when to worry explains what doctors look for.

What a Doctor Will Do for Hemorrhoids That Won't Go Away



A visit usually starts with your **medical history** and a look at the area around the anus, followed by a **digital rectal exam**. Your doctor may also use a short, lighted tube (**anoscopy**) to see inside the lower rectum. This is quick and most people don't need anesthesia. If you have **rectal bleeding**, the ASCRS guideline recommends checking the colon as well, because bleeding can have other causes.

You can start with your primary care doctor. According to the AGA's 2026 clinical practice update, most grades of hemorrhoids can be treated equally well by a **gastroenterologist or a colorectal surgeon**. Surgery becomes necessary when advanced hemorrhoids don't respond to office treatment.

Treatment Options for Hemorrhoids That Won't Go Away

Most people with grade I and II hemorrhoids, and some with grade III, can be treated with **office procedures** such as banding, sclerotherapy, and infrared coagulation. **Surgery** is for advanced or large hemorrhoids and for those that return. The table compares them in general terms.

Treatment	Best for	Pain and recovery	Repeat treatment or recurrence
Rubber band ligation	Bleeding or prolapsing internal hemorrhoids, grades I to III	The band cuts off blood flow and the hemorrhoid falls off, usually within **a week**. More discomfort than other office options, and **bleeding** is the most common complication	Reported success rates of **66% to 94%**, with longer-lasting results than infrared coagulation
Sclerotherapy	Smaller internal hemorrhoids that bleed	Usually mild, with a quick return to normal activity	More likely to need **repeat sessions** than banding
Infrared coagulation	Small internal hemorrhoids, and people at higher bleeding risk such as those on blood thinners	Usually mild, with a quick recovery	More likely to need **repeat treatment**, but it can be repeated easily
Doppler-guided artery ligation	Internal hemorrhoids, grades II and III	A surgical option with less pain than hemorrhoidectomy in many studies	Evidence is **mixed**. Some trials find results similar to hemorrhoidectomy, others report more recurrence
Stapled hemorrhoidopexy	Prolapsing internal hemorrhoids, grades III and IV	May cause **less pain** after surgery	**Higher recurrence and complication risks**, so it is used less often
Hemorrhoidectomy (surgical removal)	Large external hemorrhoids, prolapsing internal hemorrhoids, and grade III to IV disease	**Most pain and the longest recovery**, often a few weeks	The **most effective** option for advanced disease, with complication rates of about 1% to 2%

These are general comparisons, not personal advice. The right choice depends on your **grade, symptoms, general health, and bleeding risk**. Useful questions to ask are which grade you have, whether banding is enough, how many sessions you may need, and what recovery looks like.

Sitting Comfortably After a Procedure

Sitting can be the hardest part of recovery after banding or surgery. Follow your doctor's instructions, get up and walk often, and avoid long stretches on hard seats.

A **cushion with a cutout** can take pressure off the tender area. For short stretches of sitting, a donut-style cushion such as our men's donut cushion or women's donut cushion is a good fit. Once you are back at a desk for long hours, a **U-shaped memory foam** cushion like our office seat cushion is usually more comfortable. Our hemorrhoid cushion comparison explains the difference. A cushion is a comfort aid, not a treatment, and sitcushion products are not medical devices, so ask your surgeon about sitting after your specific procedure.

How to Stop Hemorrhoids From Coming Back



Treatment fixes the current flare-up, but the **pressure on the veins** decides whether it returns. These are the habits that matter most.

- **Keep stools soft.** Fiber and fluids are the foundation. Our high-fiber hemorrhoid diet guide shows what to eat and drink.
- **Don't strain or linger on the toilet.** Go when you feel the urge, and leave your phone outside the bathroom.
- **Break up long sitting.** Stand and walk every 30 minutes or so. Our guide to sitting with hemorrhoids at work and while driving has practical tips.

- **Stay active.** Regular movement keeps bowels regular. See our exercises that help prevent hemorrhoids.
- **Treat constipation at its source.** If it never improves despite fiber and fluids, ask your doctor why.

Frequently Asked Questions

Why won't my hemorrhoid go away?

A hemorrhoid that lasts longer than a week is usually being kept alive by something. The most common causes are ongoing pressure on the veins (constipation, straining, long toilet sessions, hours of sitting), an advanced prolapsed hemorrhoid that home care can't fix, home care that has gone wrong (hydrocortisone cream for more than about a week, scrubbing, or scented wipes), a leftover skin tag or clot, or a different condition that only looks like a hemorrhoid. If yours hasn't improved after **one week of home care**, see a doctor, who can work out which of these applies and treat it.

How long is too long for a hemorrhoid to last?

One week without improvement is the point to see a doctor. Mild external hemorrhoids often settle within a few days, and many prolapsed internal hemorrhoids go away without treatment. A thrombosed hemorrhoid (a hard, painful, purple lump) can take **2 to 4 weeks** to fade, so severe pain after a week, or a lump that is still there after about a month, also needs an exam. Any **rectal bleeding** should be checked whatever the timeline.

Can you have hemorrhoids for years, and is it normal?

Yes, symptoms can last or keep returning for years, and it is common, but you don't have to accept it. Hemorrhoidal tissue is normal anatomy, and once it has enlarged it usually doesn't shrink back completely on its own. Many people go through flare-ups that calm down and come back. Long-lasting symptoms deserve an exam, because effective treatments exist and because other conditions can look the same.

Are hemorrhoids permanent, and will they ever go away for good?

The tissue is permanent, but the symptoms don't have to be. Everyone has hemorrhoidal cushions, and they only become a problem when they enlarge. Home care and lifestyle changes can keep symptoms away for long stretches, office procedures treat the enlarged tissue, and surgery is the most effective option for advanced disease. No treatment makes you immune, though. A systematic review found recurrence between **0% and 56.5%** after surgery or other

procedures, and most studies reported 20% or less. Keeping stools soft and avoiding straining is what keeps them away.

Why do my hemorrhoids keep coming back?

Because the pressure that caused them is still there. In the research, recurrence is linked to **constipation, a sedentary lifestyle, older age, and being male**. Heavy lifting, long toilet sessions, and pregnancy add to it. Treatment fixes the current swelling but not the habits behind it. Start with fiber and fluids (see our high-fiber hemorrhoid diet guide), shorter toilet time, and breaks from long sitting. If constipation never improves despite these, ask your doctor why.

My external hemorrhoid won't go away. What does that mean?

It is usually a clot that is still dissolving or a skin tag left behind. A thrombosed external hemorrhoid takes 2 to 4 weeks to fade and can leave a soft, painless **skin tag** that doesn't shrink on its own. Skin tags are harmless and usually left alone. See a doctor if the lump is hard, growing, bleeding, or still painful after a week or so, or if it hasn't shrunk after about a month, because other conditions can look similar. Large external hemorrhoids that don't respond to other treatment can be removed surgically.

My internal hemorrhoid won't go away. What does that mean?

It usually means it keeps bleeding or prolapsing, which needs more than home care. Most prolapsed internal hemorrhoids go away without treatment, but severely prolapsed or bleeding ones may need a doctor. **Office procedures** such as rubber band ligation, sclerotherapy, and infrared coagulation treat grades I to III without major surgery. Get any bleeding checked first, since bleeding can have other causes.

What should I do if my hemorrhoid won't go back in?

Never force it, and get it examined. A hemorrhoid that slips back on its own after a bowel movement is grade II, one that has to be eased back in gently is grade III, and one that can't be pushed back at all is grade IV. Grades III and IV usually need treatment. Seek care right away if you have **severe pain, swelling, or dark or purple tissue**, because a trapped hemorrhoid can lose its blood supply.

What should I do if my hemorrhoid is very painful and won't go away?

Severe pain isn't typical of an ordinary hemorrhoid, so get it examined. The likely causes are a thrombosed external hemorrhoid, a trapped prolapsed hemorrhoid, a fissure, or an abscess. Until

you are seen, take warm sitz baths, keep stools soft, and use over-the-counter pain relief as directed. A clot is most easily treated in the first 72 hours, as our thrombosed hemorrhoid guide explains. Go to urgent care or the ER for **fever, heavy bleeding, spreading redness, pus, or trouble passing urine**.

What is the best treatment for a hemorrhoid that won't go away, and do I need surgery?

It depends on the grade, and most people don't need surgery. The ASCRS guideline recommends office procedures for most grade I and II hemorrhoids and some grade III. Rubber band ligation is the most widely used, and infrared coagulation suits smaller hemorrhoids and people on blood thinners. **Hemorrhoidectomy** is the most effective option for large, advanced, or recurring hemorrhoids, but it brings more pain and a longer recovery. Fiber, fluids, and less straining support every option. Your doctor will choose after an exam.

Could a hemorrhoid that won't go away be cancer?

Hemorrhoids themselves don't turn into cancer, but bleeding from other conditions can look like hemorrhoid bleeding. Bowel diseases and colorectal cancer can also cause rectal bleeding, which is why bleeding that is new, continues, or comes with a change in bowel habits should always be checked. Doctors may recommend a colon exam in these cases. Our guide to what the blood means and when to worry explains what they look for.

The Bottom Line

A hemorrhoid that won't go away is common and treatable. Give home care **one week**, see a doctor if it doesn't help or if you have **any bleeding**, and ask about **office procedures** before assuming you need surgery. The best long-term protection is keeping pressure off the veins with soft stools, shorter toilet time, and regular movement. For more guides, explore our knowledge center.