RATE MY VSO // VISUAL FIELD GUIDE

HEMORRHOIDS

VA CLAIM GUIDE

Internal or external, prolapsed or thrombosed, persistent or episodic: label it clearly.

STATIC REFERENCE

RECTUM/ANUS // DC 7336 Internal or external, prolapsed or thrombosed, persistent or episodic: label it clearly.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

THE CURRENT CODE TURNS ON DEFINED COMPLICATIONS

DC 7336 distinguishes internal from external hemorrhoids and looks to persistent bleeding, anemia, continuous prolapse, and the number of thrombosis episodes during the year.

TYPE
Document internal or external disease and whether internal hemorrhoids are prolapsed.

EPISODES
Count medically documented thrombosis episodes during the past year.

COMPLICATIONS
Show persistent bleeding, anemia, and continuously prolapsed internal hemorrhoids.

02 SERVICE-CONNECTION PATHS

DIRECT	Hemorrhoids beginning in service or medically linked to an in-service disease, injury, or event.
SECONDARY	A service-connected bowel condition or treatment caused or aggravated hemorrhoids when the medical evidence supports it.
CAUTION	Rectal bleeding has other possible causes. A medical evaluation should establish the source.

03 SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.

- Anal itching
- Tender lumps near the anus
- Ache or pain, especially while sitting
- Bright red rectal bleeding
- Prolapse of internal hemorrhoids
- Painful thrombosed external hemorrhoids

04 BUILD THE RECORD

1. **DIAGNOSIS** — Physical exam, digital rectal exam, anoscopy, or colon evaluation when indicated.
2. **TYPE** — Internal or external; prolapsed, thrombosed, bleeding, or another finding.
3. **EPISODE LOG** — Dates of thrombosis, medical visits, procedures, and recovery.
4. **BLEEDING** — Frequency, persistence, source evaluation, and treatment.
5. **ANEMIA** — CBC findings and medical attribution to ongoing blood loss.
6. **DAILY IMPACT** — Sitting, bowel movements, hygiene, work, sleep, and treatment burden.

05 WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A NO PERSUASIVE NEXUS
The current condition was not medically connected to service.

B BLEEDING SOURCE UNCLEAR
Rectal bleeding was assumed to be hemorrhoids without adequate evaluation.

C EPISODES NOT COUNTED
Thrombosis or prolapse was described but not dated across the year.

D COMPLICATIONS MISSING
Persistent bleeding, anemia, or continuous prolapse was not established.

06 SECONDARY RELATIONSHIPS APPEARING IN BOARD APPEALS

These are claim patterns, not proof that one condition medically causes another.

THIS CONDITION CLAIMED AS SECONDARY TO
IBS // PTSD // Spine conditions // Peptic ulcer // Ulcerative colitis

OTHER CONDITIONS CLAIMED SECONDARY TO THIS
Sphincter-control conditions // Iron-deficiency anemia // Hypertension

07 DO THIS, NOT THAT

DO
- Get the type documented.
- Count episodes with dates.
- Have bleeding and anemia medically evaluated.

DO NOT
- Assume every bleed is hemorrhoids.
- Use embarrassment as a reason to omit symptoms.
- Leave prolapse or thrombosis undefined.

Medical symptoms: NIH/NIDDK hemorrhoid guidance. Rating rules: current 38 CFR 4.114. Board-pattern panels: RateMyVSO data snapshot dated Aug. 10, 2026, descriptive only and not a claim prediction. Educational only, not legal or medical advice.