

## **PATIENT INFORMATION**

### **RUBBER BAND LIGATION FOR HAEMORRHOIDS**

This is a simpler office or room's treatment for haemorrhoids as opposed to surgery, which usually takes place in hospital. No anaesthetic is required and you are able to go home almost immediately.

With surgery hospitalisation and anaesthesia are required and the post-operative course is often painful.

Banding has many advantages over the haemorrhoid operation. However not all haemorrhoids are suitable for rubber band ligation.

Haemorrhoids are formed just within the anus. They have a rich blood supply and have been compared with protruding varicose veins.

They bleed or prolapse as a result of straining, which occurs with the lack of fibre in the modern diet.

Haemorrhoids may:

Stage 1 Bleed, particularly at the toilet – the blood may drip or splash into the bowl or colour the toilet paper.

Stage 2 Prolapse – usually with straining of the bowels. They either return inside spontaneously or need to be pushed back inside.

Stage 3 Thrombose and prolapse – this is very painful and the haemorrhoid cannot be returned inside – not suitable for banding and surgery may be required.

Treatment for haemorrhoids depends on their severity (stage or degree) and the main measures consist of:

1. High fibre diet and use of local shrinking and soothing applications such as Rectinol or Cortisone containing creams.
2. Injection sclerotherapy.
3. Rubber band ligation.
4. Radical operative haemorrhoidectomy. This is performed less frequently now although it is the most effective method of treating large thrombosed haemorrhoids. However, surgery does involve hospitalisation for two to five days and up to two to three weeks of discomfort and time off work.

#### **RUBBER BAND LIGATION:**

This is done in the office or occasionally together with colonoscopy under anaesthetic. A latex rubber band is placed around the neck of the haemorrhoid, via a small instrument called a proctoscope. In some patients because of other problems

this instrument cannot be inserted readily and the banding cannot be carried out. Surgery may then be an alternative.

This strangulates its blood supply and the haemorrhoid drops off within a few days. Because internal haemorrhoids do not have sensitive pain nerve fibres of the skin, the technique is usually not painful. However, the external skin is painful and for this reason banding is not suitable for those haemorrhoids which are thrombosed and which have large skin tags.

### **PROCEDURE:**

At the first visit a rectal examination with a glove is performed. Then the bowel above the haemorrhoids is examined with an instrument called a sigmoidoscope to exclude other causes of bleeding from the bowel. In patients over 45 a colonoscopy may need to be arranged to ensure no other cause for the bleeding is present.

A suitable time to carry out the rubber band ligation is then arranged. It is preferable for you to be driven, as occasionally patients can feel faint after the procedure.

### **ADVANTAGES OF RUBBER BAND LIGATION:**

1. No hospitalisation.
2. No anaesthetic.
3. Minimal pain.
4. Minimal time off work.

### **POSSIBLE DISADVANTAGES:**

1. May require more than one course of treatment.
2. Does not deal with external skin tags and loose skin of haemorrhoids.
3. There is a small risk of complications such as aggravation of other haemorrhoids, bleeding, pain or infection. The pain is difficult to predict and is usually not severe. There is a bearing down sensation sometimes and Panadeine taken after the procedure is helpful.

### **AFTER THE PROCEDURE:**

You will be asked to rest in the office to ensure all is okay for 15 minutes or so. It is best to be driven home.

1. Try not to use your bowels the same day; the rubber band may fall off with the straining. Occasionally you will note the band. On most occasions over all you will not even notice the rubber band.
2. Avoid getting constipated or straining. Two to three teaspoons of bran a day or Coloxyl or Agarol may help.

3. If there is excessive bleeding, lie down with your bottom up in the air. Gravity usually stops the bleeding. However, if it persists notify the office. Anusol or Rectinol ointments may help minor bleeding.
4. A burning or irritating sensation may be present. Stop all coffee, alcohol and spices and the use of Anusol or Rectinol suppositories.
5. For pain use Panadol, Panadeine, Digesic, Codral Forte or anti-inflammatories such as Neurofen or Neurofen Plus as discussed.
6. If another haemorrhoid becomes inflamed, try to push it back inside and use a suppository.
7. For painful external swelling:
  - Warm baths are helpful,
  - Ice packs help the haemorrhoids shrink,
  - Rest,
  - Try to avoid straining at the toilet.

The situation may be reassessed in about three weeks to determine how successful the procedure has been. An examination is not usually carried out until then, because there is a wound inside where the haemorrhoid has dropped off. This wound can bleed severely about 10 days after the procedure – rarely. For this reason it is advisable not to have the banding done if you are going away on holidays or travelling during that time.

If you have other specific medical problems such as being on Warfarin or Aspirin these will need to be considered and probably stopped. Also if you have a heart valve problem or cardiac murmur an antibiotic cover may be required.