

Information Banding of haemorrhoids (piles)

This leaflet explains haemorrhoids and what banding involves and includes the possible risks, benefits and alternatives to this form of treatment. If you have any questions or concerns, please do not hesitate to speak with your doctor or nurse.

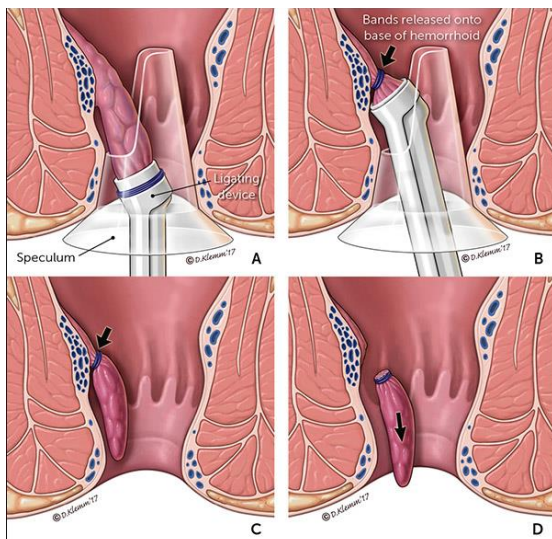
What are haemorrhoids? Haemorrhoids, often known as piles, are swollen blood vessels in the anal canal (back passage). The swellings can be either:

- Internal - they are inside the anus (the opening to the back passage)
- External – they are outside the anus

What are the symptoms of haemorrhoids? The most common symptom of haemorrhoids is bleeding, which is usually bright red and separate from your stool. This often happens after you have opened your bowels. Other symptoms include itching and soreness around your anus. **What causes haemorrhoids?** The causes of haemorrhoids are not known. Straining (pushing down when trying to open your bowels) may make the symptoms worse, as does constipation (having stool that is hard to pass). Haemorrhoids are very common after pregnancy, due to the baby's weight pushing down on the abdomen.

Increasing fiber intake is an effective first-line, non-surgical treatment for haemorrhoids.

What is 'banding' and how will it help me? Banding involves a doctor inserting a small instrument called a proctoscope into your anus. This is used to apply a tight elastic band around the internal section of your haemorrhoid, cutting off its blood supply. This makes the haemorrhoid fall off, relieving your symptoms within 10-14 days. The banding only takes a few minutes to perform, and is usually not painful. However, you may experience a dull ache for about five hours after it has been put on. You may also feel as though you want to open your bowels. This is normal, but please try to put off the urge to go until the following day if possible.



Rubber band ligation. When an internal hemorrhoid is present in the anorectal canal, an anoscope may be used as a guide to identify the hemorrhoidal complex. With a speculum in place, a ligating device (ligator) is positioned over the base of the hemorrhoid, isolating it (A). Some ligators use forceps, whereas others use suction (as in this figure) to draw the hemorrhoid taut. Once the ligator is positioned at its base, bands are released (B). After the procedure is completed, the constricting bands remain in place (C) until they eventually fall off (typically because the tissue distal to the constricting bands sloughs) (D).

[from *Am Fam Physician*. 2018 Feb 1;97(3):172-179.]

DR THOMAS CASPRITZ, FRACP
Gastroenterologist and Physician, Endoscopist (NZ CCRTGE accredited)
TIMARU GASTROENTEROLOGY & ENDOSCOPY
www.timarugastro.com



Aorangi Surgical Group
43 York Street, PO Box 100, Timaru

Telephone: 03 6884447
Fax: 03 684 8455

What are the risks of banding? Banding is a safe, routine procedure that is usually performed without an anaesthetic. The main risk from the banding is bleeding. A small amount of bleeding – about an egg cup full, is normal, particularly after opening your bowels. But if the bleeding is heavy and does not stop, you will need to go to the Emergency (A&E) Department of your nearest hospital. There is also a small risk of infection inside the anus, which can be treated with antibiotics. If you develop a fever, you may have an infection.

What are the alternatives to banding? Your specialist has advised you to have banding, as this is the best option to treat your haemorrhoids, based on your clinical examination. However, other treatment options include injecting the haemorrhoids with a special substance to reduce their size or an operation to remove them. Treating haemorrhoids with injections often needs to be repeated over time and an operation is only advised for external haemorrhoids.

After your treatment try not to open your bowels until the day after your banding, but do not worry if this is not possible. You will be able to take a bath or shower as you would normally, but please avoid strenuous exercise, such as jogging or riding a bike, for the rest of the day. You should be able to get back to normal activities the next day.

You may have a dull ache inside your anus for a short while. This is normal and you may take regular over-the-counter painkillers (such as paracetamol) if you need to. You may also have some bleeding over the next couple of days. You may even see the haemorrhoid and band in your stool when you open your bowels. This is perfectly normal.

Please avoid using creams or applicators directly into the anus after your treatment.

If you experience a lot of bleeding that does not stop, or if you feel unwell, feverish and have severe pain, please go to your nearest emergency (A&E) department and explain that you have had your haemorrhoids banded.

What follow-up care will I receive? If you have several haemorrhoids, you may need the banding to be repeated, as we generally only band up to two haemorrhoids at a time. This is to minimise your discomfort and the risk of bleeding. Also a dietary modification (eg more fibre) is generally recommended.

Sources: NHS leaflet 2013 UK; *Am Fam Physician*. 2018 Feb 1; 97(3):172-179; *World J Gastroenterol*. 2015 Aug 21; 21(31): 9245–9252.

Version 2 – TC 6/2019