

HEMORRHOID BANDING

WHAT YOU
NEED TO KNOW

DR. ANDRÉ TRUTER

WHAT ARE HEMORRHOIDS?

Hemorrhoids are swollen veins in the lower part of the rectum and anus. Hemorrhoids can develop inside the rectum (internal hemorrhoids) or around the anus (external hemorrhoids). Long term constipation, hard bowel movements, pregnancy, heavy lifting and obesity are contributing factors. Associated symptoms can include pain, protrusion of hemorrhoidal tissue, perianal itching, seepage of stool and rectal bleeding.

TREATMENT OPTIONS

*Dr. Truter suggests **fibre supplementation with adequate fluid intake and good bowel habits (drinking plenty of water, eating a high fibre diet and exercising)** as the main treatment for small hemorrhoids. Unfortunately, intervention is necessary for some patients.*

***Hemorrhoidal banding** involves placing a rubber band on the hemorrhoid above the dentate line (above the anal lining). This is a very effective option that has been used for more than 60 years as the first line of intervention for hemorrhoids. Most patients have resolution after 1 or 2 hemorrhoid banding sessions. As Dr. Truter only places a maximum of 2 bands per visit (more bands create too much rectal pressure), it may require more than 2 visits if you have extensive hemorrhoids.*

WILL I HAVE PAIN?

In 90% of patients, the placement of the band is not painful, but, unfortunately, some do develop pain. Normally, this sensation can continue for about 3 days and you may need pain medication. The probe placement is uncomfortable, but the discomfort should be of short duration. If you experience increasing pain or fever, please call Dr. Truter's office or the emergency department if the office is closed.

HOW TO PREPARE

Purchase a non-oil-containing Fleet enema (available at Dr. Truter's office or at your pharmacy without prescription). Please follow the enclosed instructions. Instill the enema rectally 1-1 1/2 hours prior to leaving home for the appointment. This should cause you to have a bowel movement and will allow better visualization of the rectum. You do not have to fast.

AFTER THE PROCEDURE

You may have a feeling of rectal pressure. This is normal. If possible, resist the urge to have a bowel movement for 2-3 hours. If you do need to have a bowel movement, avoid straining. During the week following your banding, you will pass the hemorrhoid(s) and the small rubber bands that were applied. This may be associated with some rectal bleeding.

Most patients will have significant improvement of their hemorrhoids within 6 weeks. If you still have symptoms after 6 weeks, you may require a second banding.

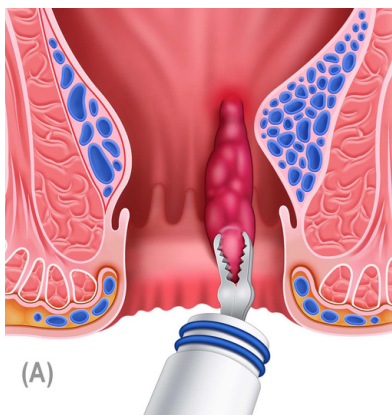
RISKS

Infection is a rare but potentially serious complication. If you develop fever, rigours, abdominal pain, or increasing rectal pain please contact our office or attend the Emergency Room.

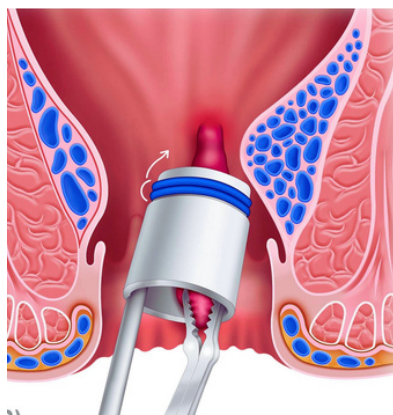
Pain can be severe and is present in about 10% of patients. If you have pain immediately after the procedure, please inform Dr. Truter as he may have to remove the band(s). Pain medications and a warm bath may be helpful.

Occasionally a band will slip off within a short period of time. This may necessitate a repeat banding.

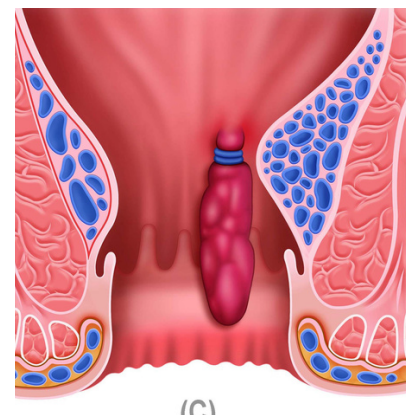
HOW THE PROCEDURE IS DONE



(A)



B



(C)

C

CONTACT US

**101 - 9717 Third Street
Sidney, V8L 3A3
T: 250-656-8121**