



Miklós Kassai MD, EBSQ colo
Consultant General and
European Colorectal Surgeon

Patient Information for Consent

CR13lite Injection or Banding of Haemorrhoids

Expires end of November 2016
Issued November 2015

Local information

Private secretary:
Fiona Clemets
Tel: 01534 880 030

Private Clinic:
Little Grove Clinic
La Rue De Haut
St Lawrence
Jersey
JE3 1JZ

Get more information and references at www.aboutmyhealth.org
Tell us how useful you found this document at www.patientfeedback.org



The
Information
Standard

Certified member



RCS

ADVANCING SURGICAL STANDARDS



Excellence in short stay surgery



Preoperative
The
Association

www.rcseng.ac.uk

www.bads.co.uk

www.rcsed.ac.uk

www.asgbi.org.uk

www.pre-op.org

This document will give you information about injecting or banding haemorrhoids. If you have any questions, you should ask your GP or other relevant health professional.

What are haemorrhoids?

Haemorrhoids, also known as piles, are soft fleshy lumps just inside your back passage (anus). They bleed easily when you have had a bowel movement. They do not usually cause pain but can cause itching. When large, they can pass through your anus (prolapsed pile), feeling like a lump when you clean yourself (see figure 1).

Haemorrhoids develop gradually, often over a long period of time. They are associated with constipation, often run in families and can be made worse by pregnancy.

What are the benefits of injecting or banding the haemorrhoids?

The procedures shrink the haemorrhoids. You should no longer have any of the symptoms that haemorrhoids can cause.

Are there any alternatives to injecting or banding the haemorrhoids?

Haemorrhoids can often be treated by simple measures, such as drinking plenty of fluid and increasing the amount of fibre in your diet. Only when your surgeon has tried these simple measures, as well as injecting or banding, will they recommend surgery (haemorrhoidectomy).

What does the procedure involve?

Your surgeon will examine carefully your back passage and lower bowel using a flexible or rigid telescope.

• Injection

Your surgeon will inject a small amount of a chemical, called phenol, into the lining of your back passage above the haemorrhoid. This should block the blood vessel that supplies the haemorrhoid, causing it to shrink.

• Banding

Your surgeon will pass a device through the telescope and place a silicone band onto the lining of your anal canal. The band should block the blood supply to the haemorrhoid, causing it to shrink back up your anal canal.

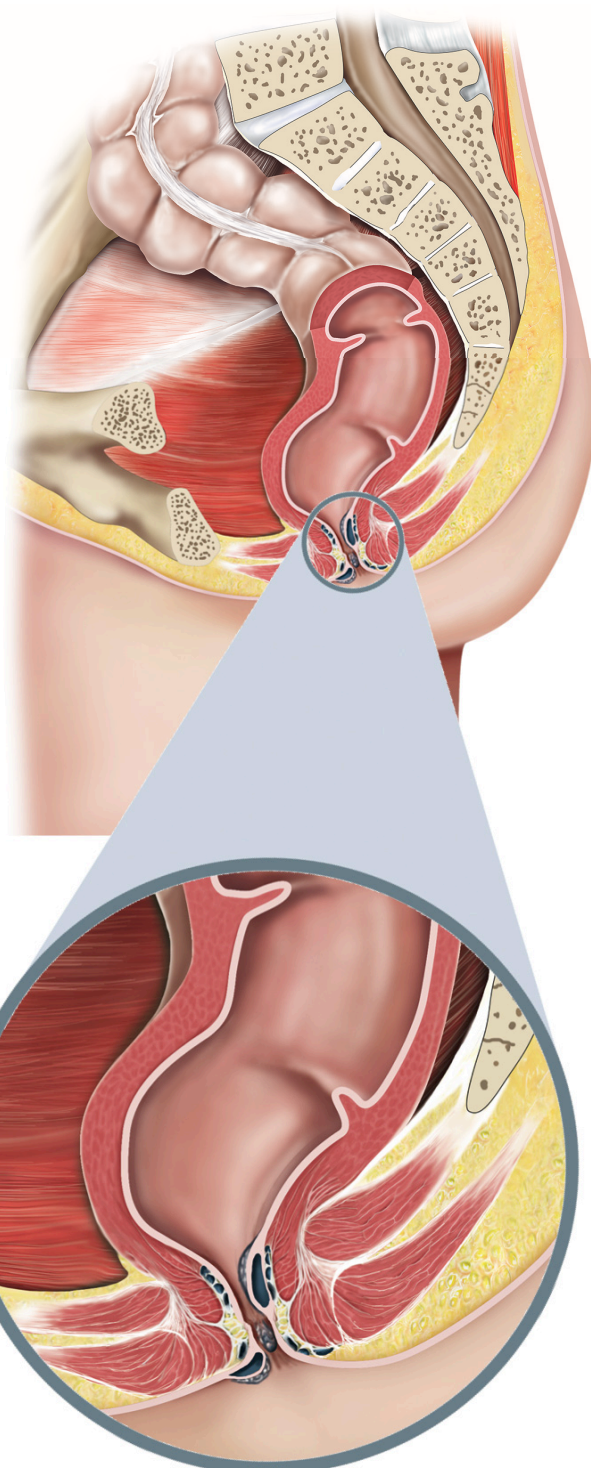


Figure 1
Haemorrhoids in the anal canal

What complications can happen?

1 General complications

- Pain
- Infection

2 Injection complications

- For men, discomfort and blood in the urine when passing urine

3 Banding complications

- Bleeding
- Feeling faint or light-headed

How soon will I recover?

After the procedure you should be able to go home. You should be able to return to work the next day unless you are told otherwise.

Haemorrhoids can come back. You can reduce this risk by drinking plenty of fluid and increasing the amount of fibre in your diet.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

Injection or banding is usually a safe and effective way of treating haemorrhoids.

Acknowledgements

Author: Mr Jonathan Lund DM FRCS (Gen. Surg.)

Illustrations: Medical Illustration Copyright ©
Medical-Artist.com

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.