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CRH-O'REGAN DISPOSABLE HEMORRHOID BANDING PROCEDURE

FOLLOW-UP CARE

1. The procedure places a small rubber band around the base of one hemorrhoid in each session. There are usually 3 banding sessions required at 2 week intervals. A final check-up may be scheduled 4 – 6 weeks after the 3rd banding session.
2. The procedure you have had should have been relatively painless since the banding of the area involved does not have nerve endings and there is no pain sensation. The rubber band cuts off the blood supply to the hemorrhoid and the band may fall off as soon as 48 hours after the banding (the band may occasionally be seen in the toilet bowl following a bowel movement). You may notice a temporary feeling of fullness in the rectum which should respond adequately to plain Tylenol® or Motrin®.
3. Following the banding, avoid strenuous exercise that evening and resume full activity the next day. A sitz bath (soaking in a warm tub) or bidet is soothing, and can be useful for cleansing the area after bowel movements.
4. To avoid constipation, take two tablespoons of natural wheat bran, natural oat bran, flax, Benefiber® or any over the counter fiber supplement and increase your water intake to 7-8 glasses daily.
5. Unless you have been prescribed anorectal medication, do not put anything inside your rectum for two weeks: No suppositories, enemas, fingers, etc.
6. Occasionally, you may have more bleeding than usual after the banding procedure. This is often from the untreated hemorrhoids rather than the treated one. Don't be concerned if there is a tablespoon or so of blood. If there is more blood than this, lie flat with your bottom higher than your head and apply an ice pack to the area. If the bleeding does not stop within a half an hour or if you feel faint, call our office at 814-946-5469 or go to the emergency room.
7. Problems are not common; however, if there is a substantial amount of bleeding, severe pain, chills, fever or difficulty passing urine (very rare) or other problems, you should call us at **814-946-5469** or report to the nearest emergency room.

Disclaimer: This document contains information and/or instructional materials developed by Blair Gastroenterology Associates for the typical patient with your condition. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition, or your treatment plan.

8. Do not stay seated continuously for more than 2-3 hours for a day or two after the procedure. Tighten your buttock muscles 10-15 times every two hours and take 10-15 deep breaths every 1-2 hours.

9. If you are traveling, take your fiber supplement with you along with plenty of water. Do not drink alcohol on the flight as this tends to cause dehydration. Walk about every hour or two for a few minutes.

10. Do not spend more than a few minutes on the toilet if you cannot empty your bowel; instead re-visit the toilet at a later time.

Long Term Prevention of Recurrent Hemorrhoids:

Now that you've had your hemorrhoids treated using the CRH O'Regan System™, it should be stressed that dietary and behavioral changes may limit the risk of recurrence of hemorrhoidal issues. A certain percentage of patients will develop recurrent hemorrhoids regardless of the method of initial treatment (including surgery). Fortunately, the rate of recurrence after treatment with the CRH O'Regan System™ is quite low – with less than 5% of patients having some degree of recurrence 2 years after treatment.

Despite the fact that almost all of these recurrences (whether you've had surgery, "PPH" or non-surgical treatment in the past) can be treated using the CRH O'Regan System™, there are several things that you can do in order to limit this risk.

1. **Fiber** – Western diets are typically deficient in dietary fiber, and the addition of 15 – 20 gm. of fiber will help you have stools of a proper consistency, limiting your need to strain. In addition to the use of raw oat or wheat bran, there are a number of commercial preparations that are available (Metamucil®, Benefiber® and Citrucel® are just a few). Typically, powders are preferable to the fiber pills or tablets that are available, as these pills usually have less than 1 gm of fiber per pill. Please read the label of the product that you are using to assure a proper amount of fiber intake.

2. **Fluids** – It is important to have a sufficient amount of water intake during the day, in part to help the fiber "do its job". Unless you have a medical condition that would prohibit it, a minimum of 6 – 8 glasses per day is important to help keep a regular bowel movement.

3. **Do not strain** – Many experts feel that chronic straining is one of the causes for the development of hemorrhoids. Trying to limit yourself to two minutes on the commode may well limit your risk of recurrent hemorrhoids. Also, do not try to "hold it" or avoid going to the bathroom when the urge is there. These behavioral changes are thought to be very helpful in maintaining good bowel health.

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4. Additional recommendations – Additional information regarding bowel health and the avoidance of developing hemorrhoids and other anorectal difficulties can be found at www.crhsystem.com.

Colonoscopy:

Hemorrhoids and fissures are very common causes of ano-rectal bleeding or blood in the stool, but there are a number of other processes that can cause the same type of bleeding, including colorectal polyps or even cancers. It is important to realize that just because you have hemorrhoids or a fissure, it does not mean that there cannot be another process ongoing, and so your doctor may recommend a flexible sigmoidoscopy or colonoscopy. The possibility of finding a small malignancy, or a benign polyp that is “precancerous” justifies the need for these procedures. You should discuss these options with your doctor in order to develop a treatment plan which is best for you and your health.