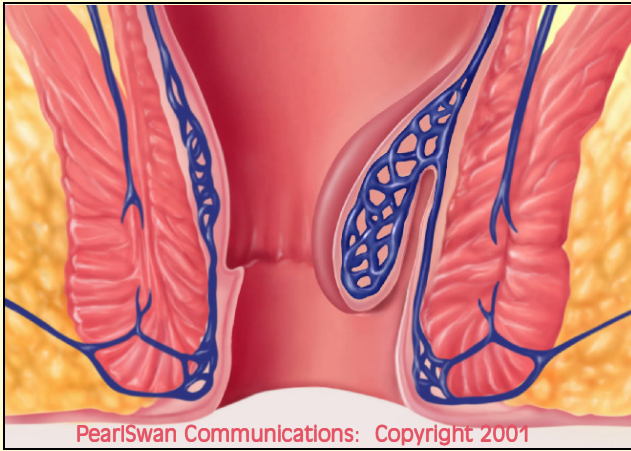


# Patient Education Program

## What You Should Know About Rubber Band Ligation



**Hemorrhoids** are a normal part of the anatomy. Everyone has them. We are born with them. In fact, we have two sets; internal and external. The external hemorrhoids tend to hurt. The internal hemorrhoids tend to bleed, soil, itch, ache, and can 'block' a bowel movement from passing.

Initial treatment may involve the following:

1. Developing a regular, easy bowel:  
Fiber supplements (e.g. Metamucil, Citrucel, etc.) are usually recommended.
2. Cortisone Cream or Suppositories:  
Cortisone cream or suppositories are used to shrink the hemorrhoids.

When these measures fail, either rubber band ligation or an operation on the hemorrhoids is considered.

**Rubber Band Ligation** has become the most common way we treat internal hemorrhoids. A small rubber band is placed upon the 'root' of the hemorrhoid. After several days the hemorrhoid falls off. This works only for the inside hemorrhoids, because they have few pain fibers in them.

### Can there be complications?

The complications of rubber band ligation include, but are not limited to:

- (1) Pain: The most common complication is pain. Although it can be severe, it is not common. (It is nothing compared to an operation!) If you feel pain when the rubberband is first applied, let your physician know and the band can be removed.
- (2) Flare-up of other hemorrhoids:  
Try to avoid straining, and take the fiber supplements as directed.
- (3) Bleeding: Rubber banding can result in **HEAVY** rectal bleeding. This usually occurs days after the procedure when the hemorrhoid sloughs off. If this happens to you, apply pressure on the hemorrhoid area and go directly to the emergency room. They will call the doctor. Avoiding aspirin and NSAID products for one week prior to the procedure can minimize this risk to you.
- (4) Infection: On a very rare occasion, a life-threatening infection can develop. Notify your doctor immediately if you develop trouble with urination, fever, or pain.

### **Safety Summary:**

1. Notify the doctor if you take coumadin, blood thinners, or need antibiotics when you have dental work.
2. Avoid aspirin and NSAIDs (advil, motrin, etc.) for one week prior to the procedure. Tylenol is OK.
3. Let your physician know immediately if application of the rubber band hurts.
4. Avoid straining after application of band.
5. Call the doctor immediately if you develop, fever, severe pain, heavy bleeding, or urinary problems.