



**Heidelberg
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Haemorrhoid Banding

What is Haemorrhoid Banding?

Haemorrhoids are pockets of swollen blood vessels inside the anus. While they can be uncomfortable, they are relatively common in adults. In some cases, you can treat them at home.

Haemorrhoid banding, also called rubber band ligation, is a treatment method for haemorrhoids that don't respond to home treatments. It's a minimally invasive technique that involves tying the base of the haemorrhoid with a rubber band to stop blood flow to the haemorrhoid.

Why is it done?

Haemorrhoids are normally treated by home remedies, such as high-fibre diet, cold compresses, and daily sitz baths. If these don't help, your doctor might recommend an over-the-counter topical cream that contains hydrocortisone or witch hazel.

However, haemorrhoids occasionally don't respond to home remedies or other treatment measures. They can then become increasingly itchy and painful. Some haemorrhoids can also bleed, leading to more discomfort. These types of haemorrhoids usually respond well to haemorrhoid banding.

If you have a family history of colon cancer, your doctor might want to thoroughly examine your colon before suggesting haemorrhoid banding. You may also need to get regular colonoscopies.

How are you prepared?

Before the procedure, make sure to advise us about all over-the-counter and prescription medications you take. You should also advise about any herbal supplements you take.

If you're having anesthesia, you may also need to avoid eating or drinking for several hours before the procedure.

While haemorrhoid banding is generally a straightforward procedure, it's a good idea to have someone take you home and stay with you for a day or two following the procedure to help you around the house. This can help you avoid straining, which could lead to complications.

What do we do?

Haemorrhoid banding is usually an outpatient procedure, meaning you won't need to stay in a hospital.

Before the procedure, you will be given anaesthesia or have a topical anaesthetic applied to your rectum. If your haemorrhoids are very painful, or you need to have a lot of them banded, you may need general anaesthesia.

Next, an anoscope is inserted into your rectum until it reaches the haemorrhoid. An anoscope is a small tube with a light at the end of it. They'll then insert a small tool called a ligator through the anoscope.

The ligator is used to place one or two rubber bands at the base of the haemorrhoid to constrict blood flow. This process is completed for any other haemorrhoids.

If any blood clots are found, they will be removed during the banding process. In general, haemorrhoid banding only takes a few minutes, but it could take longer if you have multiple haemorrhoids.

After your Haemorrhoid Banding

After the procedure, the haemorrhoids dry up and fall off on their own. This can take between one and two weeks to happen. You may not even notice the haemorrhoids fall out, since they usually pass with bowel movements once they're dried up.

You may feel some discomfort for a few days after haemorrhoid banding, including:

- gas
- flatulence
- abdominal pain
- abdominal swelling
- constipation

You may be recommended to take a laxative to help prevent constipation and bloating. A stool softener can also help.

You may also notice some bleeding for a few days after the procedure. This is completely normal, but you should contact your doctor if it does not stop after two or three days.

Safety and Risks

Haemorrhoid banding is a relatively safe procedure. However, it does carry a few risks, including:

- infection
- fever and chills
- excessive bleeding during bowel movements
- problems urinating

- recurring haemorrhoids

Call your doctor right away if you notice any of these symptoms.

For stubborn haemorrhoids, banding can be an effective treatment options with few risks. However, you might need multiple treatments for the haemorrhoids to completely clear up. If you still have haemorrhoids after several tries, you may need surgery to remove them.