

CR13 Banding of Haemorrhoids

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What are haemorrhoids?

Haemorrhoids, also known as piles, are soft fleshy lumps just inside your back passage (anus). They have a rich blood supply and bleed easily, usually causing fresh bright-red bleeding when you have had a bowel movement. They do not usually cause pain but can cause itching around your anus. When large, they can pass through your anus (prolapsed pile), feeling like a lump when you clean yourself.

Your surgeon has suggested a procedure to band the haemorrhoids. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

How do haemorrhoids happen?

Haemorrhoids develop gradually, often over a long period of time. They are associated with constipation, particularly if you need to strain to open your bowels. They often run in families and can be made worse by pregnancy.

What are the benefits of banding the haemorrhoids?

For 5 in 10 people the procedure shrinks the haemorrhoids but the procedure may need to be repeated.

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

Are there any alternatives to banding the haemorrhoids?

Haemorrhoids can often be treated by simple measures, such as making sure your bowel movements are bulky and soft, and that you do not strain while opening your bowels. Drinking

plenty of fluid and increasing the amount of fibre in your diet usually improves the way your bowels work.

If these simple measures do not work, your surgeon may recommend banding the haemorrhoids.

Some surgeons recommend injecting a small amount of a chemical called phenol, dissolved in peanut oil, into the lining of your back passage above the haemorrhoid. This should block the blood vessel that supplies the haemorrhoid, causing it to shrink.

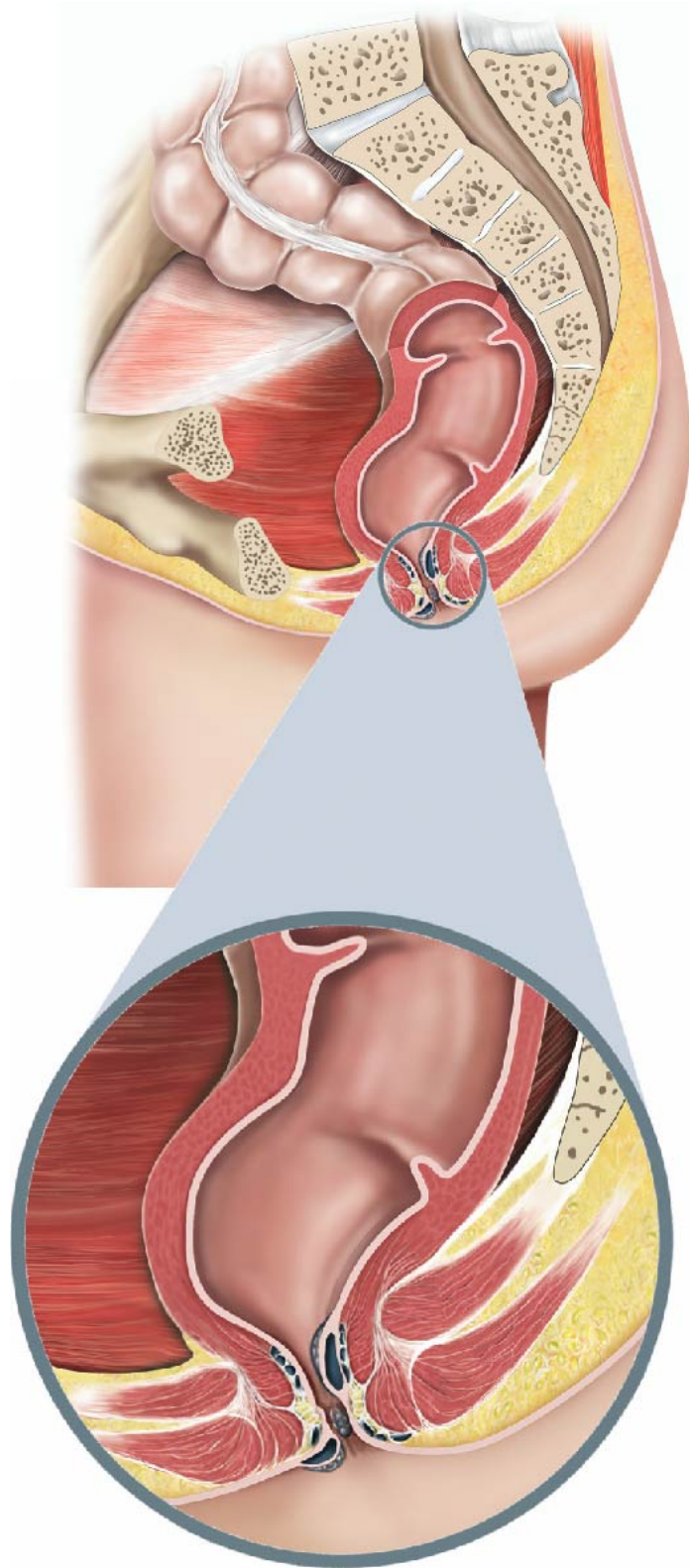
If these treatments do not work, your surgeon may recommend an operation to remove the haemorrhoids by cutting them away or using a staple gun. They may also recommend one of these alternatives if you are taking blood-thinning medication.

Sometimes your surgeon will use an ultrasound probe to find the blood vessels supplying the haemorrhoids and then tie them off using stitches.

What will happen if I decide not to have the procedure?

You will continue to bleed at times but you may accept this. You can decide to continue with simple measures.

As long as the bleeding is caused only by your haemorrhoids and you are not anaemic (your body does not produce enough healthy red blood cells), it should be safe to continue as you are. However, it is important that you are examined by a specialist to check if the bleeding is coming from your haemorrhoids and nowhere else.



Haemorrhoids in the anal canal

What does the procedure involve?

Before the procedure

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your

surgeon and the healthcare team your name and the procedure you are having.

In the treatment room

You will not need an anaesthetic as there are no nerves that sense pain at the top of your anal canal.

Your surgeon will examine carefully your back passage and lower bowel using a small telescope.

Your surgeon will pass a device through the telescope and use it to place a silicone band onto the lining of your anal canal. Your surgeon will ask you if you have any sensation of pain.

The band should block the blood supply to the haemorrhoid, causing it to shrink back up your anal canal.

The banded haemorrhoid should come off by itself after 7 to 14 days. Most people do not notice this.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious.

The possible complications of injecting or banding of haemorrhoids are listed below. You should ask your surgeon if there is anything you do not understand.

General complications

- Infection. You may need a course of antibiotics.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.

Banding complications

- For men, discomfort and blood in the urine when passing urine. This usually improves after a few days. If painkillers do not help or the problem continues, contact your surgeon or GP.
- Bleeding after the procedure. Usually there is little bleeding that settles quickly. When the band comes off, you may get further bleeding. If the bleeding is heavy and does not settle, contact your surgeon or GP.
- Feeling faint or light-headed, which usually settles by the next day.
- Recurrence of haemorrhoids (risk: 5 in 10). This is when they happen again. If they do, you may need further treatment.

Consequences of this procedure

- Pain. The pain is usually easily controlled with simple painkillers such as paracetamol. You may need medication to keep your bowel movements soft.

How soon will I recover?

After the procedure you should be able to go home.

A little bleeding, discomfort and feeling faint are common and usually settle quickly. Do not drive if you feel faint or light-headed.

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

Haemorrhoids can come back (risk: 5 in 10). You can reduce this risk by not straining while opening your bowels, drinking plenty of fluid and increasing the amount of fibre in your diet to avoid constipation.

If your symptoms continue, particularly bleeding, let your doctor know. Sometimes the procedure will not get rid of the haemorrhoids. Your surgeon may recommend that you have a haemorrhoidectomy.

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

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

Summary

Banding is usually a safe and effective way of treating haemorrhoids when simple measures have failed. However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

[Keep this information document. Use it to help you if you need to talk to the healthcare team.](#)

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

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

Acknowledgements

Reviewer

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Illustrator

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