

Banding of Haemorrhoids (Piles)

Banding is a common treatment for haemorrhoids, which are of such a size that they are not controlled by simple methods, such as high-fibre diet and plenty of fluids to keep the stools soft.

The procedure is normally carried out in the outpatients department or the endoscopy department as part of an endoscopic examination of the large bowel.

You will be asked to lie on your left hand side with your knees drawn up to the chest. The practitioner will do an internal examination then insert a small light to give a good view of the haemorrhoids.

A rubber band is placed around the base of the haemorrhoid. The band cuts off the blood supply to the haemorrhoid, which then shrinks, 'dies', and drops off after a few days. The tissue at the base of the haemorrhoid then heals and forms a scar.

Banding is not normally painful but can be uncomfortable: the haemorrhoid often originates in the last part of the bowel where the lining of the gut is less sensitive to pain. Up to three haemorrhoids are normally treated in one session. In about eight out of 10 cases, small haemorrhoids are cured by banding. However, some cases may need a second or third treatment. Haemorrhoids are less likely to recur if you avoid constipation and straining on the toilet.

After banding, you can expect:

- Some pain or discomfort over the first 24 to 48 hours.
- Possibly a 'dragging' sensation or feeling of fullness and the urge to use the toilet. Banding makes haemorrhoids feel bigger than you are used to. This feeling should begin to ease as the haemorrhoid begins to shrink in size.
- If you wish to have your bowels open after banding you can do so. However you should avoid straining as this may increase the pain.
- The shrunken haemorrhoids (piles) will drop off a few days after the banding. At this time, you may notice a small amount of bleeding.



This should settle down straight away and should not be prolonged or heavy. If you are concerned, talk to your GP.

A small number of people have complications following banding of haemorrhoids. These can include problems passing urine, infection, and formation of an ulcer at the site of the treated haemorrhoid. If you are concerned you should contact your GP.

You can ease pain by:

- Sitting in a warm (not hot) bath.
- Taking painkillers, such as paracetamol and an anti-inflammatory (eg Ibuprofen). This is recommended for a few days after banding. If you require stronger pain relief, contact your GP.

You should avoid:

- Over-exertion on the day of treatment, if you feel unwell. However, you should quickly be able to resume your normal activities within 24 to 48 hours.
- Constipation by taking a diet high in fibre and increase your fluid intake (drink at least 2 litres of fluid a day).

Please telephone the Outpatients Department or Endoscopy Department if you experience any problems. Alternatively contact your GP. If it is out of hours, please contact the out-of-hours GP service or Accident & Emergency. Any personal pre-existing conditions may further increase the risk of surgery, these will be discussed with you at the time your consent is taken to proceed with surgery. Please ask any questions or discuss any concerns at this time.

Contact Details

If you need any further advice between the hours of 8.00am to 6.30pm, (Monday - Friday), please contact the Endoscopy Unit where you have had your procedure done on the telephone numbers below:

Doncaster Royal Infirmary, Tel: 01302 381424

Bassetlaw Hospital, Tel: 01909 500990 Ext. 2017

Patient Advice & Liaison Service (PALS)

PALS staff are available to offer advice or information on healthcare matters. The office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. PALS staff can also visit inpatients on all Trust sites.

The contact details are:

Telephone: 01302 553140 or 0800 028 8059 **Email:** pals.dbh@dbh.nhs.uk.

