

CRH-O'REGAN™ HEMORRHOID BANDING

Aftercare Information and Instructions

1. Dr. Bidani places a small rubber band over one hemorrhoid in each session. There are usually 3 banding sessions required at 2 week intervals with a final check-up a few weeks later.
2. CRH O'Regan procedure is 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 2 days after the banding (the band may occasionally be seen in the toilet bowl following a bowel movement). You may notice a feeling of fullness in the rectum which should respond adequately to plain Tylenol or Motrin.
3. After the banding, rest at home that evening and resume full activity the next day. A sitz bath (soaking in a warm tub with 1 inch of water and 1 cup of Witch Hazel) or bidet is useful for cleansing the area after every bowel movement until the area heals.
4. Avoid constipation: take two tablespoons of natural wheat bran, natural oat bran, flax, Benefiber or any over the counter fiber supplement with 7-8 glasses of water.
5. Unless you have been prescribed anorectal medication, do not put anything inside your rectum for two weeks: No suppositories, enemas, fingers, or other devices.
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 and you feel faint, call our office at (727) 393-1155 or go to the nearest emergency room.
7. In rare circumstances, if there is a substantial amount of bleeding, severe pain, chills, fever, difficulty passing urine (very rare), or other problems, you should call us at (727) 393-1155 or report to the nearest emergency room.
8. Do not stay seated for more than 2-3 hours. 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 and drink plenty of water. Do not drink alcohol on the flight as this tends to cause dehydration. Walk about every hour 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 hemorrhoids. 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.

Almost all recurrences (whether you've had surgery, "PPH," or non-surgical treatment in the past) can be treated using the CRH O'Regan System. However, 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 30 g of fiber will help you to have stools of a proper consistency, limiting your need to strain. Dr. Bidani recommends 6 small cups of vegetables or beans daily. This provides nutrients and fluids in addition to fiber. There are also several commercial fiber supplements that are available, such as Metamucil and Benefiber. Typically, powders are preferable to fiber pills or tablets because 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 adequate 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 (if you are not on fluid restrictions) 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.
4. Additional information regarding bowel health and the avoidance of developing hemorrhoids and other anorectal difficulties can be found at www.crhssystem.com.

COLONOSCOPY MAY BE NEEDED

Hemorrhoids and fissures are very common causes of anorectal bleeding or blood in the stool, but there are many 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 Dr. Bidani to develop a treatment plan that is best for your health.