Rubber Band Ligation of Haemorrhoids

Haemorrhoids are a common problem. Many patients can manage their symptoms with attention to diet or a topical treatment when symptoms are minor. For small internal haemorrhoids rubber band ligation can be an effective treatment.

What does the procedure involve?
The procedure can be carried out in the outpatient department. No preparation is usually necessary. Occasionally a patient may request sedation or a short anaesthetic, particularly if they have found examination of the back passage uncomfortable. During the procedure a proctoscopy is performed to identify the haemorrhoids and the surgeon uses an applicator to place the band around the haemorrhoid. Usually three bands are placed. The procedure takes around 5-10 minutes to complete.

What are the risks?
There are small risks associated with any operation. Complications are rare. Bleeding is the main risk. Most patients notice a little blood when the bands cut through the haemorrhoid, sometime between 5 and 10 days. Usually this is a small amount but rarely it can be quite a lot, if that occurs patient must seek medical advice. Most people feel a little uncomfortable after banding. Very rarely patients can develop an infection at the banding site.

What happens after the procedure?
Banding doesn’t usually cause much pain afterwards. Patients describe a dull ache like being kicked. Simple paracetamol should be adequate for most patients. Most patients feel as if they need to open their bowels after the procedure, this is a normal sensation and results from swelling caused by the bands. Patients should resist the temptation to strain and go to the toilet as normal when you need to. Stool softeners can be helpful. Patients should avoid any vigorous physical activities for 48 hours. Normally patients are reviewed in the clinic 4-6 weeks after the procedure where a further examination will take place. Most patients find their symptoms improved. Rubber band ligation can be repeated if necessary, or if symptoms are not improved at all, another treatment may be recommended.

Birmingham Bowel Clinic 2011