Rubber Band Ligation of Haemorrhoids
Information and Aftercare for Patients

Rubber Band Ligation of Haemorrhoids is a long-established treatment for haemorrhoids.

What type of haemorrhoids can be treated with rubber band ligation?
Haemorrhoids have both internal and external components. The internal components are above an anatomical landmark called the dentate line. This distinction is important, because the body can't feel pain above the dentate line, hence the internal components of haemorrhoids can be treated by rubber band ligation without causing significant pain. It is also important to appreciate that the external, skin-covered components of haemorrhoids cannot be treated with rubber band ligation. However, when the internal components are pulled up by the rubber banding procedure, they usually pull the external components up and back into the anal canal, making them a little smaller and often less symptomatic.

How does rubber band ligation work?
Haemorrhoids are enlargements of the anal cushions, which consist of networks of interconnecting arteries and veins – hence they are vascular structures similar to varicose veins. As the haemorrhoids enlarge, they are displaced downwards and can protrude out through the anal canal. The internal components of haemorrhoids, which appear a little like a miniature bunch of grapes, can be gently pulled into the end of a suction tube by applying vacuum pressure. A small rubber band is mounted on the edge of the suction tube. Once the haemorrhoid has been sucked into the end of the tube, the rubber band is released off the end of the tube, causing constriction of the haemorrhoid around its base – a bit like banding a lamb's tail. This has the effect of pulling the haemorrhoid further up into the anal canal and cutting off some of the blood supply to it. Over the next 7 – 14 days, the haemorrhoid gradually dies off (this is called tissue necrosis) and eventually falls off. The dead haemorrhoidal remnant and the rubber band are passed out in the stool. Sometimes, this can be accompanied by a small amount of bleeding.

What should I expect during and after the treatment?
On arrival at the clinic, you will have a full clinical assessment with your doctor. They will take a careful history and perform a clinical examination including a proctoscopy, where a small plastic telescope is inserted into the back passage to characterise the size, location and composition (internal vs. external) of the haemorrhoids and exclude any other anal pathology. They will then advise you whether your haemorrhoids are suitable for treatment with rubber band ligation. If they are, you will proceed to treatment during the same consultation. If they are not, your doctor will advise you on what other treatments are available.

Most people are able to have rubber band ligation of haemorrhoids without any form of anaesthetic. If you would like to have something to 'take the edge' off the procedure, laughing gas (Entonox) is available in the Cosmedics clinic.

You will lie on your left-hand side. The proctoscope is inserted and gently moved up and down within the back passage to display the haemorrhoid optimally. The sucker is then applied to the haemorrhoid and the rubber band is pushed off the edge of the sucker. The proctoscope position is gently adjusted to demonstrate the next haemorrhoid and the band

application procedure is repeated. Most people have three main internal haemorrhoids and therefore require three bands to complete the procedure.

The banding procedure takes no more than one or two minutes. Afterwards, you will feel some minor discomfort in the back passage. Some people feel a small amount of pain, which can necessitate taking paracetamol or ibuprofen. You should expect to feel some urgency of defaecation for 48 hours after the procedure. The urgency occurs because the autonomic nerves in the back passage are stimulated by the rubber bands. When you get urgency, your brain receives a signal from the back passage suggesting that you need to open your bowels. Often, people then need to visit the loo in a hurry, only to find that they are unable to produce a stool. This is because the back passage is in fact empty, but the nerves think that a stool is on its way. As time passes, the autonomic nerves calm down and the urgency goes away, usually after the first two days.

After the procedure, you will be able to go home. You can drive and go on public transport unaccompanied. Most people do not need to take any painkillers afterwards, but you should make sure that you have some paracetamol and ibuprofen available at home in case you feel a small amount of pain. You might see a small amount of blood (an egg cupful or less) in the toilet the first time you open your bowels after the procedure – this is normal and nothing to worry about.

You have the option of seeing your doctor for a follow-up appointment 4 weeks later to check that you are satisfied with the outcome of the treatment.