



Colon and Rectal Clinic

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Rubber Band Ligation of Internal Hemorrhoids

The options for treating hemorrhoids include surgical removal, photocoagulation and rubber band ligation.

A few words of explanation about rubber band ligation are in order. The treatment involves putting a rubber band (ligature) tightly around the neck of the internal hemorrhoid which is inside the anal opening. This cuts off the blood supply to the hemorrhoid and over a period of several days' results in sloughing (dropping) off of the tissue. Normally 10 to 14 days are necessary for this to occur. This wound that results then heals by scarring.

Although rubber band ligation is generally a relatively painless procedure which can be done on an outpatient basis, some patients do experience discomfort. It is normal during the first day or two after ligation to have an aching or pressure sensation in the rectum much like you experience when you need to empty your bowels. This is caused by the presence of the small ball of hemorrhoidal tissue just inside the anal opening. This sometimes also triggers muscle spasms in the rectum. If you should experience this type of discomfort do not sit on the commode and strain in an effort to have a bowel movement. This will only make the condition worse and may dislodge the band. Instead you should sit in a tub of warm water which will help relax the muscles. Generally this type of discomfort disappears after two or three days.

The mild discomfort following rubber band ligation rarely requires anything stronger than extra strength Tylenol or Ibuprofen (Advil) for its relief. Because of the potential bleeding problems, we suggest our patients not to take any medications containing Aspirin for two weeks following the procedure.

Rarely, patients experience difficulty emptying their bladders after this procedure. If this happens, contact our office for advice. Pain which persists or becomes more severe 48 hours after the ligation should be reported as should temperature greater than 101 degree F. The combination of increasing pain, fever, and difficulty emptying your bladder can indicate an infection and should be reported to our office promptly.

It is also normal to experience some bleeding for the first few days after the rubber band ligation and when the tissue falls off at 10 to 14 days. As long as the bleeding is not excessive there is no need for concern. Should there be a large amount of bleeding, please contact our office.

In general, this is a safe, relatively pain free procedure which produces good results with minimal complications. There have been reports of rare instances of death following rubber band ligation is extremely small and is certainly less than that following surgical hemorrhoidectomy.

We suggest that you attempt to keep your stool soft to avoid straining during the time of healing following the ligation. If your bowels are normally soft then no additional precautions should be necessary. If you do tend to be constipated, we suggest a stool softener such as Colace 100 mgs twice a day, fiber rich diet (fruits, vegetables and cereals) and fiber supplements such as Konsyl, Citrucel, Metamucil, Benefiber etc. The latter can be purchased over the counter and the dosage is one heaping teaspoonful (or as indicated on the package) of the powder mixed in a glass of water and taken twice daily. It is helpful to drink at least six large glasses of water or juice with the powder to facilitate its action.

Unless you experience problems, we would like to see you in the office again approximately one month from the time of the band ligation. At that time, if necessary, an additional band may be applied. It is occasionally necessary to apply as many as three or four bands at one month intervals to control the internal hemorrhoidal problem.