

## ENDOSCOPY UNIT

### POST PROCEDURE ADVICE SHEET

Today you had the following procedure(s)

**Injection of Haemorrhoids**   
**Banding of Haemorrhoids**

Please read the information below and overleaf which will give you some general advice on aftercare and important problems to watch out for.

#### Following your procedure

**Banding** is usually done as a day procedure therefore you can return to work the following day. You may feel some pain or discomfort for a day or so, in which case you can take normal painkillers such as paracetamol.

Directly after the procedure, it is normal to see some blood on the toilet paper, but you should not bleed a lot. Some people notice some mucus discharge within a week of the procedure, which usually means the haemorrhoid has fallen off, this is harmless. If at any time you start to pass a lot of bright red blood or pass clots (solid lumps of blood), go to your nearest accident and emergency (A&E) department as soon as possible.

Infections or ulcers (open sores) can also occur where the banding took place. However, these complications are rare and can be easily treated.

**Injections** are a common treatment for grade two or three internal haemorrhoids. It is often used as an alternative to banding. A chemical solution can be injected around the blood vessels in your anus. This relieves pain by numbing the sensory nerve endings at the site of the injection. It also hardens the tissue of the haemorrhoid so that a scar is formed. After about four to six weeks, the haemorrhoid should decrease in size or shrivel up.

After the injection, avoid strenuous exercise for the rest of the day. You can resume your normal activities, including work, the day after. You may experience some minor pain for a while and may bleed a little. If you start to pass a lot of bright red blood or pass clots (solid lumps of blood), go to your nearest accident and emergency (A&E) department as soon as possible.

If any of the following symptoms occur, please contact the Gastroenterology Department or your GP.

\* Temperature

\* Severe pain

\* Persistent rectal bleeding

**If you have had Sedation:**

You will be left to rest as you may feel sleepy. Once you have returned home, or back to your ward you may begin to eat and drink normally and resume your normal medication, unless instructed otherwise by the Doctor. If you have gone home you are advised for the first 12 hours to have someone stay with you in case of complications or problems. For 24 hours you are advised:

- \* **NOT TO** drive a motor car or operate any machinery, inc. kettles, cookers etc.
- \* **NOT TO** take alcohol
- \* **NOT TO** undertake any decision regarding legal documentation
- \* **TO REST** quietly at home until the effects of the sedation have worn off

**If you have had Entonox:**

Any side effects to Entonox, such as nausea, dizziness, usually wear off very quickly. You will be assessed by the nursing staff to ensure that you are ready to go home or back to the ward. You should be able to drive a motor vehicle after about half an hour.

As a safety precaution, it is advisable you follow the advice below for a minimum of 12 hours following discharge:

- \* **NOT TO** take alcohol
- \* **NOT TO** undertake any decision regarding legal documentation

The incidence of complications are small, but if you have any problems which you feel may be related to the procedure you are advised to contact your GP or visit A&E if necessary. You can telephone the Gastroenterology department Monday to Friday, 8.30 am to 5.30 pm. **01603 288169** if you have any queries.

