

# Introducing Hemorrhoid Treatment to a GI Practice

BY KIM SHEALY

WITH A PREVALENCE RATE OF AT LEAST 4.4%<sup>1</sup>, HEMORRHOIDS ARE MORE COMMON THAN YOU MAY THINK. IN FACT, APPROXIMATELY 75% OF THE AMERICAN POPULATION WILL EXPERIENCE HEMORRHOIDAL SYMPTOMS AT SOME POINT IN THEIR LIVES<sup>2</sup>. COMMONLY LISTED CAUSES OF HEMORRHOIDS INCLUDE CONSTIPATION, DIARRHEA, SEDENTARY LIFESTYLES, PREGNANCY/CHILDBIRTH, HEAVY LIFTING AND OBESITY, WITH SYMPTOMS RECOGNIZED AS ITCHING, PROLAPSE, SWELLING, AND BLEEDING AND LEAKAGE. AFFECTING BOTH MEN AND WOMEN OF ALL AGES (THOUGH MORE WIDELY SEEN IN THOSE 45-65), HEMORRHOIDS WERE EVEN RANKED AS THE #1 TRENDING HEALTH SUBJECT LAST YEAR BY GOOGLE<sup>3</sup>.

With so many of these patients seeking information on this medical condition, many of them still don't know where, or who to turn to for treatment. At-home options are typically the first route for many sufferers. Lifestyle changes, like increasing soluble fiber intake while at the same time increasing water consumption to 6-8 glasses daily, may help reduce the severity of symptoms. If someone does reach out to their primary physician, he/she may tell them to use over-the-counter creams or ointments to temporarily reduce mild to moderate symptoms, and

only refer them to a colorectal surgeon in the most severe cases. As such, many patients avoid more permanent treatment for years as the fear and downtime associated with surgical procedures can be overwhelming.

Traditionally, gastroenterologists as a group have become accustomed to not addressing their patients' hemorrhoids – due to the lack of satisfactory treatment options for them, and patients who may have suffered for years do not bring it up with their gastroenterologist as they have heard about the traditional routes

before. However, as bleeding is a common symptom of hemorrhoids, many experiencing rectal bleeding will turn to a gastroenterologist at some point to rule out colon cancer or other more threatening diseases. In fact, over 15% of screening colonoscopies performed actually result in a diagnosis of symptomatic hemorrhoids<sup>4</sup>.

Rubber band ligation (RBL), is an effective treatment method, however traditional banding can still result in pain for up to 50% of cases<sup>5</sup>. Though endoscopic banding results (something that many GIs are more familiar with) can be quite positive, the procedure can also result in even higher complication rates, is much more costly, is associated with a more lengthy procedure time, and of course, requires that the patient is prepped and sedated.

In 2008, Atlanta Gastroenterology Associates (AGA) adopted the CRH O'Regan System as a safe and effective RBL alternative to treating hemorrhoids. And today, hemorrhoid banding with the O'Regan System has become an established extension of our physicians' practice.

CRH Medical Corporation, the company behind the CRH O'Regan System, has spent the past several years introducing their technology to the GI community in order to create a paradigm shift in the treatment of hemorrhoids.



**The CRH O'Regan System®**

Photo: © Neal Osborn

To ensure a smooth introduction, Atlanta Gastroenterology Associates (AGA) took advantage of CRH's complimentary turn-key program which includes physician-physician training with one of their board-certified general surgeons, 24/7 clinical support, training for front office staff, clinical forms to allow for easy integration into a practice, and a comprehensive marketing program. As the anorectum is not an area of concentration in many gastroenterology fellowships, our physicians benefited from the company's educational lecture on perianal care before moving on to treat patients.

Though hemorrhoid sufferers are out there, AGA experienced three obstacles when we introduced this new treatment to our physicians. Taking these into account, CRH designed their program and training session to address each one:

- ***I don't want to take care of hemorrhoids*** – Other treatments methods are often fraught with problems, patient complaints, mixed results, etc. Those treated with the O'Regan System do great with this procedure – it's painless, quick, requires no prep and is 99% effective.

- ***I've never been trained in the care of anorectal issues during fellowship*** – Most GI fellowships spend little time dealing with this subject area. The CRH training program helps to over-

come this, as they include a comprehensive didactic presentation including the evaluation and treatment of hemorrhoids, and other associated anorectal issues. These associated issues are typically easy to care for and most are identified during a typical rectal exam.

- ***I'm concerned about having a complication*** – In a comprehensive 2005 study by Dr. Iain Cleator, it was found that when using the CRH O'Regan System, the complication rate was less than 1%.<sup>6</sup> Though there is a risk of infection with RBL, the only complications shown were pain and bleeding. Both of these infrequent complications can be dealt with without surgical intervention.

Treatment protocol with the CRH O'Regan System is to band one hemor-

rhoidal column at a time at two week intervals as this keeps the complication rate to a minimum. Because when one hemorrhoidal column is affected, most often the other two are as well, most patients will require three band-

ings for complete treatment. With a 5% recurrence rate at two years (13% at 42 months)<sup>6</sup>, and no pain or downtime, the procedure is quickly becoming the gold standard in hemorrhoid treatment.

Performed without an anoscope, the procedure offers more comfort for the patient and is less cumbersome for the physician. It also allows for a higher placement of the band, ensuring that it has been placed well above the dentate line. The banded tissue then sloughs, creates an ulcer and ultimately a scar that helps to fix the hemorrhoidal cushion back to the muscular layer. This fixation prevents the prolapse of the hemorrhoidal tissue, and in doing so, eliminates the patients' symptoms.



**Rubber band ligation with the CRH O'Regan System®**

Photo: © CRH Medical Corporation

The procedure takes about a minute to perform, and most AGA physicians treat patients conveniently in the office. The patients are not prepped, sedated, or N.P.O., and so can be easily scheduled later in the day. Some of our physicians will block out days/afternoons to perform the procedure to increase efficiency, however, it can also easily be done in between other procedures.

In addition to obvious benefits seen, and felt, by the patients, there have also been significant advantages for the practice as a whole. With favorable reimbursements and low overhead costs, AGA has made hemorrhoid banding a line item when reviewing the monthly figures associated with colonoscopies and other standard procedures - an indication that it has become a significant source of new revenue.

In a report by Dr. David Johnson, he noted that hemorrhoid banding with the CRH O'Regan System generates approximately 2-4 times greater reimburse-

ment on a per minute basis (based on Medicare rates) than some endoscopy procedures (colonoscopy/upper endoscopy). When taking overhead costs for each procedure into account, the advantage in offering banding became even more significant, with reimbursements becoming 2-8 times greater<sup>7</sup>.

In addition to the one-on-one physician training, CRH Medical provided all the tools we needed to successfully integrate this new service line, as well as reach out to both our current patients and to our growing community. With such a seamless introduction into our service line, hemorrhoid banding has been an enhancement not only to our practice, but to our patients as well.

To learn more about offering this technology at your practice, contact CRH at 1.800.600.2153 x 1023 or email [info@crhmedcorp.com](mailto:info@crhmedcorp.com). Additional information, including videos of the procedure can also be found on the company's website: [www.crhmedicalproducts.com](http://www.crhmedicalproducts.com)

*For more than 5 years, Kim Shealy has been the ancillary services manager for Atlanta Gastroenterology Associates – the oldest and largest gastroenterology practice in the southeast with more than 70 Board Certified gastroenterologists. The practice has more than 35 offices and nine state-of-the-art outpatient endoscopy centers conveniently located throughout metro Atlanta and North Georgia.*

#### References:

1. Johanson JF, Sonnenberg A, The prevalence of hemorrhoids and chronic constipation. An epidemiologic study, *Gastroenterology*, 1990;98:380-6.
2. National Digestive Diseases Information Clearinghouse (NDDIC) <http://digestive.niddk.nih.gov/ddiseases/pubs/hemorrhoids/#howcommon>
3. Hemorrhoids was the top trending health issue in 2012 <http://www.google.com/zeitgeist/2012/#united-states/science>
4. Riss S, Weiser FA, Schwameis K, et al. The prevalence of hemorrhoids in adults. *Int J Colorectal Dis* 2012;27: 215-220.
5. Kumar N, Paulvannan S, Billings PJ, Rubber band ligation of haemorrhoids in the outpatient clinic, *Ann R Coll Surg Engl*, 2002;84:172-4.
6. Cleator IGM, Cleator MM, Banding hemorrhoids using the O'Regan disposable bander, *US Gastroenterology Review*, 2005:69-73.
7. David A. Johnson, MD, FACP, FASGE Evolving Perspectives for Survival of Gastroenterology Practice: A Business Plan Assessment for Improved Economic Success *EndoEconomics*, August 2011

## VISIT US



Visit the Physicians Endoscopy table  
at New York Society for  
Gastrointestinal Endoscopy  
37th Annual New York Course

December 18-21, 2013

New York Marriott Marquis Hotel  
1535 Broadway New York, NY 10036



[www.endocenters.com](http://www.endocenters.com)