Patient Identification Tool

Hemorrhoids will affect 75% of the adult population at some point in their lives. Still, most patients have been conditioned to not ask about their hemorrhoids, as they have been told by other physicians "to just live with them". Including hemorrhoids as a category on your practice's patient intake form, in addition to looking for the criteria in the charts below, will help you to identify numerous patients who would benefit from the CRH O'Regan System®. Remember – patients do not need to be acutely symptomatic and many won't be. **So, be sure to ask your patients if they have ever suffered with hemorrhoids – they may be a few days away from their next recurrence.**

Identifying Hemorrhoids by Symptom

Symptom Type	Complaint	Outcome of Performing the CRH O'Regan System®
Typical Hemorrhoid Complaints	Itching, swelling, bleeding, soiling and prolapse.	99% of patients will receive symptomatic relief with no complications.
External Complaints	Patients often state that it is only their "external hemorrhoids" that are causing problems, and may push back at your suggestion for banding their internal hemorrhoids.	Approximately 90% of patients with external symptoms will respond dramatically to an internal banding because most of the symptoms are due to the internal disease. The patient should know that they may well have persistent tags, but their symptoms will likely resolve.
Fecal Seepage	Patient complains of incontinence but on further questioning and examination, it's determined that their problem is not sphincteric in nature, but rather from the prolapsing hemorrhoidal tissue present.	By aggressively treating these patients, you will typically see a lessening or an elimination of these "soiling" complaints as the hemorrhoids resolve and the mucosa no longer prolapses. These patients may well need more than 3 areas banded, but their symptoms often respond dramatically to the treatment.

If you identify patients complaining of the symptoms above and / or diagnose them with hemorrhoids, ensure that you have a conversation about treatment with the patient before they leave, provide them with our "post-colonoscopy tear-off pad" for more information and book a banding appointment. Remember that most patients have had hemorrhoids for years and are unaware such a simple, safe and effective procedure exists, so it is important to educate them on the CRH O'Regan System®.

CRH O'Regan System®

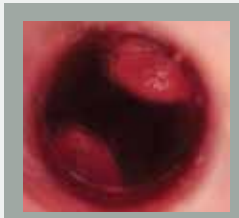
Non-Surgical Hemorrhoid Treatment

Fast. Painless. Proven.

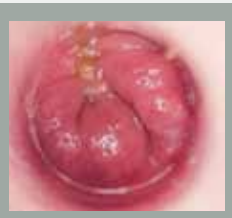
800.660.2153 www.crhmedicalproducts.com

Identifying Hemorrhoids During Perianal Procedures

Procedure	What to Look For
Colonoscopy	When evaluating a patient for hemorrhoids during a colonoscopy, the retroflexion insufflation causes the internal hemorrhoids to disappear due to distension of the rectum. The rectal stretch and intraluminal pressure flattens out the internal disease, leaving only the external disease (those hemorrhoidal changes at and below the dentate line) visible. To better identify the internal hemorrhoidal disease, the rectum must be partially decompressed to expose the extent of the internal disease; otherwise, the majority of the abnormalities exposed are at and distal to the dentate line (and so "external" by definition). While people with external changes typically have corresponding internal disease, a large number of people have internal disease without external findings. These patients' hemorrhoids are uniformly missed during endoscopic examination if the rectum is not partially decompressed during the exam.
Anoscopy	Anoscopy is the most accurate way to evaluate the anorectum as it is quick, relatively painless, inexpensive, and garners plenty of valuable information. According to one study involving patients with various anorectal lesions – 99% of them were identified anoscopically, approximately 65% were identified using a flexible scope heading straightforward, and barely more than 50% with a flexible scope in retroflexion. Anoscopy can be performed using one of two types of scopes: **Non-Slotted Anoscope:** • 360 degree view • Less uncomfortable for patient • Only one placement of scope **Slotted Anoscope:** • Easier to examine right posterior hemorrhoid • Allows tissue to bulge into the lumen of scope - demonstrates distended/distorted vessels more easily Either technique provides a tremendous amount of information in regard to your patient's anorectal complaints. We strongly encourage the use of this technology in their evaluation.



Grade II hemorrhoids as seen through a non-slotted anoscope



Grade III internal hemorrhoids as seen through a non-slotted anoscope

Grade II hemorrhoid as seen through a slotted anoscope

Who is not suitable for the CRH O'Regan procedure?

Avoid treating patients with the CRH O'Regan System® who fall into these categories:

1) Pregnancy **2)** Portal Hypertenion **3)** Any form of Concurrent proctitis (e.g. Crohn's, ischemic, radiation, etc.) **4)** Are on prescription anticoagulants - Discontinue Coumadin or Plavix at least 4-5 days prior to procedure if approved by the prescribing physician. Continued use of low dose ASA has not been an issue in several of the published studies.