

The CRH O'Regan System® is a syringe-suction rubber band ligator, used in the outpatient treatment of all grades of hemorrhoids. The System allows for the rapid, painless treatment of the un-prepped, un-sedated hemorrhoid sufferer, and is very well tolerated by patients, resulting in a >95% success rate and with less than a 1% complication rate. The procedure is performed in the ASC or Clinic setting and (a) member(s) of your "call group" have begun utilizing the Technology.

Complications are rare and typically minor, but in the event that a patient that is s/p this procedure has questions or issues, this form is being provided for your reference.

Q: "I had the procedure done yesterday, and when I had a bowel movement I found a band floating in the toilet".

A: This occurs very infrequently (<1%), and poses no danger. Please call your physician's office when it next opens, and arrange for your 2-week follow-up visit.

Q: "I am having pain after my banding procedure (1 – 3 days post procedure)"

A: Always ask the patient if they felt a "pinching" sensation when they left the office. The patients are instructed to tell the doctor if this is an issue, as the band can be adjusted, relieving that discomfort. If more than 24 hours has passed, there is little need for manipulation of the pile, and treatment with topical anesthetic (such as 5% lidocaine cream or ointment) and topical nitroglycerin ointment which must be compounded may be quite helpful.

Please warn the patient against using ED medications such as Cialis while taking the NTG*, and caution them to apply it while lying down, as transient lightheadedness is not uncommon. Significant headaches are uncommon.

If no "pinch" was reported, then the patient most likely is having anal sphincter spasm or continued pelvic floor discomfort, and NTG* should be given. Infrequently, (<1%), thrombosis of an external or internal hemorrhoid may occur, and the internal ones are typically treated conservatively (NTG*, intra-anal administration of a corticosteroid containing product, possible topical anesthetic). Pelvic sepsis (secondary to a localized perforation) is possible, but would be EXTREMELY rare, and typically would have complaints of fever, pain, tachycardia and urinary retention, usually within 24 hours of the procedure. E.R. evaluation, broad-spectrum antibiotics, radiologic evaluation, etc., is required.

Q: "I'm passing blood."

A: Mild bleeding is not uncommon, particularly immediately after the procedure, when the band and necrotic tissue sloughs (2 – 6 days) and at the same time that many polypectomy bleeds occur (10 – 14 days). The vast majority of these will stop spontaneously within 30 minutes or less, particularly after lying down, applying ice to the area and drinking some liquids. Should the bleeding become problematic, or if the patient begins passing clots, shows signs of orthostasis, etc. (rare - < 1%), then a visit to the ER would be appropriate. Care of the patient may include AgNO3 anoscopic cautery, or rebanding the patient. Reports of successful heater probe cautery, endoscopic clip application or banding have been received. It is usually helpful to have the patient stop NTG* administration if previously prescribed for a couple of days as well.

General questions regarding diet, activity and the like:

- Eat normally, including a high fiber diet with ample hydration.
- Do not spend more than 2-3 minutes on the toilet at a setting.
- Avoid significant physical exercise for the remainder of the day of their procedure.
- Avoid sitting for prolonged periods without “stretching your legs” periodically.
- The addition of stool softeners, Miralax, etc. is usually well received if constipation remains an issue.
- Narcotics are usually not necessary, and should be avoided if possible, to avoid patient constipation.

CRH Medical offers comprehensive “24/7” physician consultative services, and this can be reached by calling one of our Medical Directors, both board-certified general surgeons:

Mitchel Guttenplan, MD FACS

Medical Director

CRH Medical Corporation

T: 800.660.2153 x1022 | C: 770.363.0125

E: mguttenplan@crhmedcorp.com

Andrew Gorchynsky, MD, FACS

Associate Medical Director

CRH Medical Corporation

T: 800.660.2153 x1026 | C: 847.363.0125

E: agorchynsky@crhmedcorp.com

Thank you for supporting your colleague, and for offering great care to these patients! If you have *any* questions regarding our Technology, techniques, or our training program please call us at 1-800-660-2153 X 1023!

* “off-label” usage. Reference: Guttenplan, Mitchel. Anorectal Topicals – White Paper. January 2015