Information for Cross-Covering Physicians

CRH O'Regan System®
Non-Surgical Hemorrhoid Treatment
Fast. Painless. Proven.

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 has had this procedure, and 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. The patient should just be instructed to follow up with the office at the time of their next scheduled office visit

Q: "I am having pain after my banding procedure (1 – 7 days post procedure)"

A: At the time of the procedure, always ask the patient if they feel ANY pain or "pinching" sensation before leaving the office. If this is an issue, the band should be adjusted, as otherwise the patient may have pain later in the day. If the patient calls back with pain, they are instructed to return to the office for examination, and manipulation of the band or the banded tissue itself. If more than 48-72 hours has passed, there is generally little benefit in manipulation of the pile, but DRE can help to identify how best to proceed. If the banded is in good position, this post-banding pain is typically due to spasm, and so typically responds well to topical nitroglycerin or calcium channel blockers. If the band was a bit lower, or if the patient admits to having had "pinching" post-banding, adding a topical anesthetic (such as the OTC 4% or 5% lidocaine cream or ointment) may be quite helpful.

Please warn the patient against using ED medications such as Viagra or Cialis while taking the NTG*, and caution them to initially apply it while lying down, as transient lightheadedness or headache may occur.

Infrequently, (approx. 1:500), thrombosis of an external hemorrhoid may occur, and these are treated the same as any thrombosed external hemorrhoid. Pelvic infection (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), then a visit to the ER would be appropriate. Care of the patient may include endoscopic cautery of the bleeding ulcer, or endoscopic clipping of an arterial "pumper". Those comfortable with anoscopy may use AgNO3 for cautery, or may place another band around the "pumper". Reports of successful APC, bi-cap, gold probe or heater probe cautery, and 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.

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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 should not be 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:

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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 1011!

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