

We have been asked by several of our partners to provide a sample procedure note for those who wish to use a more formal template for reporting these procedures. Feel free to modify and “cut and paste” the verbiage below into your EMR. Thank you, and please let us know if there is anything we can do to support you and your practice moving forward.

PROCEDURE NOTE:

The patient presents with symptomatic grade (1, 2, 3, 4) hemorrhoids, unresponsive to maximal medical therapy, requesting rubber band ligation of his/her hemorrhoidal disease. All risks, benefits, and alternative forms of therapy were described, and informed consent was obtained.

In the Left Lateral Decubitus position, a digital rectal examination was performed. The patient was (non)tender, and the findings included (normal, elevated, diminished) sphincter tone with (no) evidence of (rash, skin lesion, fissure, thrombosed external hemorrhoid, fistula, neoplasm) (if anoscopy is performed) Anoscopic examination revealed grade (1, 2, 3, 4) hemorrhoids in the (RA, RP, LL, all) position(s).

The decision was made to band the internal hemorrhoid in the (RA, RP, LL) position, and the CRH O'Regan System was used to perform band ligation without complications. A digital anorectal examination was then performed to ensure proper positioning of the band and to adjust the banded tissue as required. The patient was discharged home without pain or other issues. Dietary and behavioral recommendations were provided, along with prescriptions (if necessary), and follow-up instructions were given. The patient will return [in (1, 2, 3, 4)] weeks/months or as needed} for follow-up and possible additional banding as required.

No complications were encountered, and the patient tolerated the procedure well.