

POSTOPERATIVE TREATMENT GUIDELINES FOR HEMORRHOIDAL DESTRUCTION, INFRA RED COAGULATION, OR RUBBER BANDING PROCEDURES

- Bowel movements should be maintained without significant straining.
- Low fat dietary measures, including fiber or stool softeners may be considered.
- Good anal hygiene is advised. Keep yourself clean and dry after a bowel movement. Avoid harsh or excessive wiping.
- A moderate sense of discomfort or fullness in the rectum can be anticipated for a few days. Sitz (warm water) baths and mild analgesics (acetaminophen, not aspirin) often relieve it.
- Avoid reading while on the toilet, or spending too much time on the toilet. As a rule of thumb, if you can't have a bowel movement in less than five minutes - you should get up and try again later.
- Topical creams, lotions or suppositories (i.e., Tucks, Anusol, Balneol, Proctofoam, and Hydrocortisone Cream 2.5%) maybe used.
- For banding procedures, some bleeding may occur initially and again when the rubber bands fall off in a few days.
- If symptoms are not completely relieved, it is an indication that other areas may need to be treated at a later date.
- Occasional complications are rare, but may be serious. The risk of infection is extremely unusual and could be life threatening if left unattended. It typically starts around the third day after banding. Flu-like symptoms with fever, increased pain, or difficulty passing urine, should be reported to our office.