



SOUTHERN ILLINOIS GI SPECIALISTS, LLC

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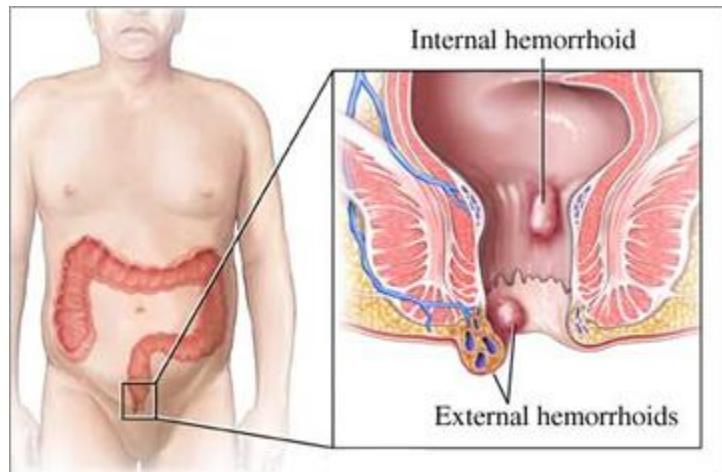
Hemorrhoid Banding Procedure - CRH O'Regan System™

About Hemorrhoids

Hemorrhoids are swollen veins in the lower rectum or anus. By age 50, about half of the population will have experienced this sometimes painful condition, which results from an increase in pressure inside the veins of the rectum. Common causes include constipation, pregnancy, childbirth, obesity, heavy lifting, sitting for long periods and diarrhea.

There are two types of hemorrhoids based on location. Internal hemorrhoids occur inside the lower rectum and often can't be seen or felt. As this form is typically painless, the only symptoms you may notice are small amounts of bright red blood (on your toilet paper or inside the toilet bowl) or a feeling of fullness following a bowel movement.

Occasionally, internal hemorrhoids can push through the anal opening. This is known as a prolapsed, or protruding, hemorrhoid. Sometimes these swollen veins remain prolapsed temporarily; in other cases, they become permanent. If the hemorrhoid remains outside the anus, it can cause pain, itching, bleeding and the formation of excess skin (skin tags).



External hemorrhoids occur as bulges or lumps around the anus. Because of the sensitive nerve fibers in this area, these enlarged veins are often painful, especially when sitting. They also may bleed and itch. Should blood pool in an external hemorrhoid, a blood clot referred to as a thrombosed hemorrhoid may develop and cause severe pain.

The less common of the two forms, external hemorrhoids are often incorrectly self-diagnosed because many people mistake internal hemorrhoids – or the skin tags they can produce – for external hemorrhoids. Always consult a physician to determine whether you have the internal or external type.

Home remedies such as creams, suppositories and warm baths may offer temporary relief from the symptoms of hemorrhoids. But for many people, hemorrhoids don't go away. Instead, they can get progressively worse over time, growing in both size and number. Some chronic sufferers develop hemorrhoids in as many as three locations.

Fortunately, you don't have to put up with recurring flare-ups and increasing pain. You can seek professional medical treatment now, and end your discomfort for good.

New Procedure- CRH O'Regan System™

At Dr. David Shields office, we use the patented, CRH O'Regan System™, considered the "gold standard" treatment. This highly effective (99.1%), minimally invasive procedure is performed in our offices in less than a minute. If there are multiple hemorrhoids, we treat them one at a time in separate visits.

During the brief and painless procedure, our physician specialist places a small rubber band around the tissue just above the hemorrhoid where there are few pain-sensitive nerve endings. Unlike traditional banding techniques that use a metal-toothed clamp to grasp the tissue, we use a gentle suction device, reducing the risk of pain and bleeding.

Our banding procedure works by cutting off the blood supply to the hemorrhoid. This causes the hemorrhoid to shrink and fall off, typically within a day or so. You probably won't even notice when this happens or be able to spot the rubber band in the toilet. Once the hemorrhoid is gone, the wound usually heals in a week or two.

During the first 24 hours, some patients may experience a feeling of fullness or a dull ache in the rectum. This can typically be relieved with an over-the-counter pain medication. A remarkable 99.8% of patients treated with our method have no post-procedure pain, however.

In fact, thanks to design improvements, our procedure has a ten-fold reduction in complications compared to traditional banding.

For one, our instruments are smaller, affording greater comfort for patients and better visibility for physicians. Unlike other devices, they are also single use and 100% disposable.

In most cases, banding can take place during your first appointment. After all, once you know what the problem is, why wait to get relief?

WHAT TO EXPECT



The first appointment will consist of, at a minimum, a consultation with a physician. During diagnosis, we may perform a digital exam as well as a sigmoidoscopy, a visual examination of the lower bowel using a lighted tube connected to an eyepiece.

If the diagnosis is hemorrhoids, treatment can start immediately. In the event of multiple hemorrhoids, often the largest, most symptomatic hemorrhoid is banded first. Additional appointments are then scheduled to treat the remaining hemorrhoids at two week intervals with a final check-up and optional colorectal cancer screening three weeks later.

Sometimes patients have both an anal fissure and hemorrhoids. If this applies to you, our protocol is to treat the anal fissure first. Then, once that problem is resolved, we can proceed with the hemorrhoid removal procedure. Treating these conditions one at a time is important for determining which symptoms relate to which problems.

After Care



Following hemorrhoid banding, we recommend that you rest at home for the remainder of the day and resume full activity the next day. You can have normal bowel movements during this time, but you may want to soak in a sitz bath (a warm tub with a tablespoon of table salt added) or use to a bidet for a gentler cleansing of the anal opening.

Soon you'll be feeling much better, but you'll need to make some changes to prevent future problems. Straining due to constipation should be diligently avoided, so be sure to drink seven or eight glasses of water (around 50 ounces) a day and add two tablespoons of natural oat or wheat bran to your diet. (Metamucil, Benefibre, flax or other soluble fiber may be helpful as well.)

We also recommend that you not sit longer than two minutes on the toilet. If you can't have a bowel movement in that time, come back later. This two-minute rule can help keep you from straining during bowel movements without realizing it. Finally, when traveling by air, stay hydrated, avoid alcohol, eat fiber and walk around when you can.

TREATMENT COMPARISON

The CRH O'Regan System is appropriate for an estimated 90% of hemorrhoid patients. Only the most severe cases require surgery (hemorrhoidectomy), which is just one more reason not to delay treatment. If you wait too long – and your hemorrhoids grow too large – your non-surgical options decrease.

The chief complaint about conventional rubber banding – which demonstrates superior long-term efficacy over other non-surgical methods – has been pain in 4-29% of cases. In contrast, only 0.2% of patients treated with our advanced technique experience post-procedure pain. Our method is also faster, more accurate and has virtually no downtime.

Over the years, a number of new treatments have been devised for hemorrhoids, but none has outperformed the CRH O'Regan System. Among them are infrared photocoagulation, or the use of lasers to burn the hemorrhoid tissue, and stapled hemorrhoidectomy, a surgical variation that uses a circular stapler device to life and remove the hemorrhoid.

Procedure	Average Procedure Time	Average Time Off Work	Pain Medication Required Pre/Post
CRH O'Regan System	30 seconds – 1 minute	0-1 Day	No
Conventional Rubber Banding	5 – 10 minutes	0-3 days	Often Prescribed
Infrared Coagulation (IRC)	30 seconds – 3 minutes	0 – 1 day	Yes
Stapled Hemorrhoidectomy	15 – 90 minutes	1 – 10 days	Yes
Conventional Hemorrhoidectomy	45 – 90 minutes	10 – 14 days	Yes

FREQUENTLY ASKED QUESTIONS

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What are hemorrhoids?

Hemorrhoids are swollen veins located in the lower rectum or anus. There are two types of hemorrhoids: internal and external. Depending on the location, symptoms may include pain, inflammation, itching, and a feeling of fullness following a bowel movement. Additionally, there may be bright red blood covering the stool, on the toilet tissue or in the toilet bowl.

What causes hemorrhoids?

Hemorrhoids result from an increase in pressure in the veins of the rectum. This may be caused by constipation, pregnancy, childbirth, obesity, heavy lifting, long periods of sitting, or diarrhea. In Western countries, constipation is associated with diets low in fiber and high in fat.

Who gets hemorrhoids?

Hemorrhoids affect both men and women. The incidence of hemorrhoids increases after age 30, and by age 50, about half of the population will have experienced the condition.

How does the procedure work?

A small disposable syringe like device is used to attach a tiny rubber band around the internal hemorrhoid – with the blood supply cut off, the hemorrhoid dies and falls off.

Can you treat external hemorrhoids?

Yes. Most hemorrhoidal symptoms are from dilated internal hemorrhoids and or anal fissures. The banding of internal hemorrhoids usually shrinks the external hemorrhoids as well and is highly effective in relieving the symptoms of pain and bleeding. After banding is completed there may be an external component or skin tag that persists, but usually they do not cause much in the way of symptoms. An acute thrombosis of an external hemorrhoid can be very painful. Our physicians are fully trained and can perform office based procedures as required to care for these external hemorrhoidal conditions.

How many bands are necessary?

There are three sites where hemorrhoids form frequently, and it is not uncommon for all three sites to require treatment. We generally only band one hemorrhoid site at a time in separate visits, as multiple bandings have been found to increase complications. Also, some extreme large hemorrhoids may require additional banding sessions. Thus, as many as six bands total may be used in severe cases, but one to three is standard

Is it effective?

Yes it is 99.1% effective, and the best thing is that it is non-surgical, so there is no pain, medication or recovery time needed. Most of our patients go back to work the same or next day.

How long will this take?

The procedure takes about 60 seconds, but the entire visit is about 15-30 minutes.

Is the procedure covered by Insurance?

The procedure is covered by most insurance plans, including Medicare. As insurance coverage varies, however, we would need to verify your particular insurance. (the financial policy of your practice should be inserted here)

Will it hurt?

No. Thanks to our improved instrument and technique, band placement is painless. You may experience a feeling of fullness or dull ache in the rectum for the first 24 hours, but this can generally be relieved by over-the-counter pain medication. A recent study of our banding technique shows that 99.8% of patients experience no post-procedure pain.

Will I have to miss work or other activities?

Your first appointment in our office will probably be the longest, as it involves a consultation, medical history and diagnosis. We suggest you allot up to an hour. Subsequent treatment sessions will be shorter, around 15-30 minutes total. After a hemorrhoid banding procedure, we recommend that you rest the remainder of the day at home and resume full activity the next day. However, many patients with office jobs find they can return to work immediately following their appointment.

Will I need to do any preparation at home prior to the procedure?

No prep is needed prior to the procedure.

Will I need a driver or can I drive home myself?

You will not need a driver, in fact most patients return to normal activity immediately following the procedure.

Will the hemorrhoids come back after the treatment?

With proper dietary changes the hemorrhoids should not return.

Who else offers the CRH O'Regan banding?

This patented procedure is only available through a select few healthcare providers who have been licensed and trained to offer the CRH O'Regan System in their practice.

>> For more information please visit www.crhsystem.com