

## How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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## Advice for Spinal Patients Treated With Rubber Band Ligation

### Patient Information Leaflet

If you require a translation or alternative format of this leaflet please call 01296 315829

Safe & compassionate care,

every time

You have been advised that you need a procedure called “rubber band ligation of piles”. Piles are also known as haemorrhoids. The procedure can be carried out in Spinal Outpatients by a doctor. There is no need to be admitted into hospital for this procedure.

### **The procedure**

To carry out this procedure, disposable sterile equipment is used to place a small rubber band over the base of the pile inside your rectum. This will cut off the blood supply. You will need to be lying on a bed while this is done and you will then need to stay lying down for a period of half an hour following the procedure. This is to allow the treatment area to settle and stop bleeding as piles are dilated veins that bleed easily. In total, the procedure should take about one hour.

### **Following the procedure**

The piles that have been treated will fall off within approximately 10 days. You may not notice this.

A small raw area is left and this will heal naturally in a few weeks.

### **What to expect and what to do over the next 2 weeks**

- You may be aware of some mild intermittent bleeding and mucus over the next 5-10 days – this is normal.
- If you have sensation you may experience a desire to have your bowels open soon after the procedure – this will subside.
- If you have sensation you may develop some discomfort, which usually lasts for up to 48 hours and is well controlled by taking regular Paracetamol (maximum of 8 [500mg] tablets per day). Don't take medicines containing Aspirin as this can increase the risk of bleeding.

- If your level of injury makes you susceptible to autonomic dysreflexia, this procedure and the discomfort it causes may trigger a dysreflexia attack which you should treat in the same way as any other attack. Regular analgesia could prevent an attack (see separate information leaflet on Autonomic Dysreflexia).
- Do not become constipated: eat a high fibre diet and drink plenty of fluids (try to avoid tea and coffee). If this isn't adequate to achieve a soft stool, take Lactulose 15mls or Movicol 1-2 sachets daily. Do continue with your normal bowel routine, ie using laxatives and suppositories etc. If your bowel routine involves using digital or manual evacuation, this should not be stopped but should be done carefully and gently with a lot of K-Y lubrication jelly. Avoid tampering with a banded pile.
- Strong physical activity should be avoided for 1-2 weeks.
- In the unlikely event that you:
  - Feel unusually feverish
  - Lose large amounts of blood
  - Have difficulty passing urine
  - Experience swelling of the anus

You should immediately contact your General Practitioner.

If you would like more information regarding this procedure please contact:

**Spinal Outpatient Services on 01296 315829**