

**Patient
Information**

Discharge advice following banding of piles

Introduction

This leaflet gives you information about piles (haemorrhoids) and advice following banding of piles.

What are piles?

Piles are soft fleshy lumps just inside your back passage. They have a rich blood supply and bleed easily, usually causing fresh bright-red bleeding following a bowel movement. They can be internal (inside your bottom) or protrude through your anus (outside your bottom).

Treatment

Piles have no nerve endings in their upper part (which is the part most affected), so they can be treated without anaesthetic. The technique of banding involves applying a tight elastic band around the pile which cuts off its blood supply. Banding will cause the pile to 'shrink and die' then fall off with the band within 10 to 14 days.

The banding only takes a few minutes to perform and is not painful.

Having your piles banded does not mean that they will never come back but you can try to avoid this by not straining when you open your bowels. Try to go to the toilet when you feel the urge rather than putting it off because you are busy. You should also make sure that you eat a healthy diet and drink plenty of water.

Reference No.

GHPI1521_07_23

Department

Endoscopy

Review due

July 2026

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Risks

The main risk from banding is bleeding. A small amount of bleeding is normal, especially after a bowel movement. If the bleeding is heavy and does not stop, you will need to seek medical advice. Please see the section further on in this leaflet for information about when to seek advice.

Following treatment you should avoid strenuous exercise, such as jogging or riding a bike for the rest of the day.

You will not be able to travel by air for at least 3 weeks following the banding procedure.

Medication

You can take your usual prescribed medications when they are next due unless otherwise stated by the Endoscopist or discharging nurse. For people taking blood thinning medications (anticoagulants) separate advice will be given.

After effects

- You may experience a dull ache for about 5 hours after the procedure. Pain relief such as paracetamol will help with this. Please follow the instructions within the packet.
- You may experience a feeling of urgency to open your bowels. This is normal and usually settles within 24 hours. It is important not to strain when you go to the toilet as this could cause the bands to pop off.
- You may notice a small amount of bleeding over the next couple of days when you have your bowels open. This is normal and should settle.

What happens next?

- A report will be sent to your GP.
- If a consultant follow up is needed you will receive an appointment letter in the post.
- **For details of the report, please contact your GP or consultant directly.**

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Banding of haemorrhoids is very safe and carries few risks but complications do occasionally occur. If you experience any of the following, please contact the Endoscopy Unit where you had your procedure.

- Severe bleeding from your bottom.
- Increasing pain, swelling or discharge from your bottom.
- Difficulty passing urine.
- High temperature (fever) or you feel generally unwell.

If you experience a lot of bleeding that does not stop, or if you feel unwell, feverish and have severe pain, please phone 999 or go to your nearest Accident & Emergency Department and explain that you have had your piles banded.

Contact information

If you have any concerns, please contact the Endoscopy Unit where you were seen or your GP.

Endoscopy Units**Gloucestershire Royal Hospital**

Tel: 0300 422 8222

Monday to Friday, 8:00 am to 6:00 pm

Cheltenham General Hospital

Tel: 0300 422 3593

Monday to Friday, 8:00 am to 6:00 pm

Cirencester Hospital

Tel: 0300 421 6294

Monday to Friday, 8:00am to 4:00pm

Stroud Hospital

Tel: 0300 421 8073

Monday to Friday, 8:00am to 6:00pm

Patient Information

Out of hours, please contact NHS 111 for advice:
Tel: 111

If you think you require **immediate** medical attention, please phone 999 or go to your nearest Accident & Emergency Department.

Feedback

To help the Endoscopy Department understand what is important to you and how we can improve our service, we would appreciate if you would take the time to complete a feedback survey.

All responses will be anonymous and any information provided will be used sensitively and stored securely.

To access the survey, please use the QR code below or type the 'case sensitive' link into your internet browser.



<https://bit.ly/3MHOXIG>

Content reviewed: July 2023

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84:379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>