

FREQUENTLY ASKED QUESTIONS

1. What types of hemorrhoids can I band with the Nexus™ Hemorrhoid Ligator?

The Nexus™ Hemorrhoid Ligator can be used for Grade I through III internal hemorrhoids.

Do not use to treat patients with the following:

- Anal polyps
- Grade IV hemorrhoids and external hemorrhoids
- Perineal infection
- Perineal Crohn's Disease
- Portal hypertension
- Pregnancy
- Use with caution when treating patients on anticoagulants or with bleeding disorders

2. How does rubber band ligation work?

Rubber band ligation works by inducing necrosis and a fibrous reaction at the neck of the hemorrhoid resulting in occlusion of the hemorrhoid vessels. The fibrosis results in attachment of the rectal mucosa to deeper tissues which reduces prolapse.

3. Is it necessary for the entire hemorrhoidal tissue to be banded?

No, only 1-2 mm of tissue needs to be ligated. The size of the tissue ligated is not important so long as there is enough tissue captured to prevent the band from falling off immediately after it has been applied. On digital rectal examination, the captured tissue should feel like the size of a pea.

4. How many bands are needed for each hemorrhoid?

One band is sufficient for each hemorrhoid. If more than one hemorrhoid requires treatment, additional bands can be applied at one setting or the patient can return for repeat single hemorrhoid banding at 2-3 week intervals.

5. What happens if 2 bands are applied by mistake?

This usually will not happen. However, if 2 bands are applied for whatever reason, there will be no adverse result.

6. Is the design of the ligator important?

The design of the ligator will influence its effectiveness. When used in conjunction with an anoscope, the long slender suction barrel allows for optimal visualization of the hemorrhoid tissue which improves band placement accuracy. Also, the diameter of the barrel tip and the overall configuration of the suction chamber increases the likelihood of only the rectal mucosa being ligated and not the deeper muscle layers. Ligation of the muscle can result in significant pain.

7. What will patients feel immediately after the procedure?

Rubber banding can be associated with a dull rectal ache or pressure or pelvic cramping lasting 1-3 days after the procedure. This can be easily treated with an NSAID or acetaminophen.

8. What about patients who are on blood thinners?

Patients that are taking blood thinners may not be a candidate for this procedure.

9. Are there any complications that can be expected after the procedure?

Complications are uncommon. After the procedure patients may experience rectal pain or pressure and some pelvic cramping. If this is mild, just give the patient reassurance and have them take an NSAID or acetaminophen. If they are having severe pain immediately after banding, perform a digital rectal exam and manipulate the band to decrease the amount of tissue that has been captured. Bleeding rarely can occur a few days after banding at the time when the banded tissue sloughs off.