

# TIPS & TRICKS

- **Digital Rectal Exam**
  - Prior to inserting the anoscope, perform a digital rectal exam (DRE) to ensure there are no other rectal abnormalities, including anal fissures.
- **Anoscopy**
  - Perform a 360 degree, four quadrant anoscopic exam: Insert the anoscope and visualize the rectal mucosa. Remove the anoscope from the patient, re-insert the obturator, rotate the anoscope 90 degrees, and re-insert into the patient. Repeat.
- **Pull the anoscope back**
  - Once the hemorrhoid to be banded has been visualized using the anoscope, slightly pull the anoscope back to allow for more hemorrhoid tissue to fall into the slot of the anoscope. This should create a better angle to gently press the tip of the Nexus™ Ligator onto the hemorrhoid which will ensure a tight seal.
- **Holding the Nexus™ Ligator**
  - Place the back of the pistol grip handle against the base of your thumb, grasping it towards the bottom. Holding the ligator in this manner will assure that your finger can easily pull the band deployment trigger.
- **Aiming the Nexus™ Ligator**
  - Once you have identified the hemorrhoid to be banded, gently angle the tip of the ligator either up toward the ceiling or down toward the floor—depending on which hemorrhoid is to be banded. Importantly, do not push the ligator into the hemorrhoid as this may put tension on the hemorrhoid tissue and prevent it from being drawn into the ligator when suction is applied. After suction is applied, gently pull back on the ligator. If hemorrhoid tissue has been captured, you will feel resistance. If no resistance is felt, release the suction and repeat the process. Also, to maximize the amount of hemorrhoid tissue that is captured, hold suction for five seconds before deploying the band.
- **Proper band placement**
  - Bands should be placed approximately 2 cm above the dentate line. To assure proper placement, make sure that the proximal end of the flared tip of the Nexus™ Ligator is just inside the anal opening and that you can clearly see that you are above the dentate line.
- **Deploying the band**
  - While keeping the tip of the Nexus™ Ligator flush against the rectal mucosa, squeeze and hold the suction trigger for a few seconds, then pull the banding trigger. The banding trigger can be fired using either the index or middle finger. Also, if needed, additional pressure can be applied with your free hand to help squeeze the band deployment trigger (the two-handed technique).
- **Follow up DRE**
  - After deploying the band, perform a DRE to assure that an adequate amount of tissue (about the size of a pea) has been captured and that the captured tissue is mobile and not attached to deeper structures.

- **Patient discomfort**
  - If the patient experiences pain after a band has been applied, digitally manipulate the band to attempt to release some of the tissue that has been captured.
- **Post procedure instructions for the patient**
  - Call for significant pain or bleeding after the procedure
  - For minor pain, use acetaminophen or ibuprofen
    - Lidocaine cream may also be prescribed
  - Return to work as tolerated but avoid vigorous exertion for 24 hours
  - Keep stools soft
- **Post-procedure bleeding**
  - There is a < 1% risk of significant bleeding after banding, which may occur within a few days after the procedure (when the banded tissue sloughs off). If the patient is experiencing significant bleeding or passing of blood clots, they should be instructed to go to the emergency room for evaluation. Therapeutic endoscopy for control of bleeding will most likely need to be performed.
- **Number of hemorrhoids to band**
  - Current recommendations are to band one column per session as this tends to minimize pain. However, more than one column can be banded as per the discretion of the physician. Document which column(s) were banded and bring the patient back in approximately two weeks for additional bandings if needed.
- **Avoid banding the following patients:**
  - Pregnant
  - On anti-coagulants
  - Portal hypertension
  - Peri-anal Crohn's disease
  - Active peri-anal infection