

# News to Digest

Health tips from your Gastroenterologist...



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## Simple Cure for Hemorrhoids!

Robert Fusco, MD

If you suffer from painful or bleeding hemorrhoids, you are not alone. Internal hemorrhoids are one of the most common causes of rectal complaints in this country. Most adults in this country eventually develop hemorrhoids - half of us have them by age 50. Hemorrhoids do not discriminate, afflicting the mighty as well as the humble. They have tormented people for centuries. We are all at risk. They usually occur after age 30 and are caused by lack of dietary fiber, constipation, diarrhea, straining with bowel movements, and heavy lifting. Hemorrhoids are especially common after pregnancy. Treatment alternatives in the past were either ineffective or very painful. Now there is an exciting new simple non-invasive treatment which is highly effective.

We are excited to announce that our office is now offering the patented **CRH O'Regan Hemorrhoid Banding System** - a simple non-surgical no-stitch technique for the removal of painful or bleeding internal hemorrhoids

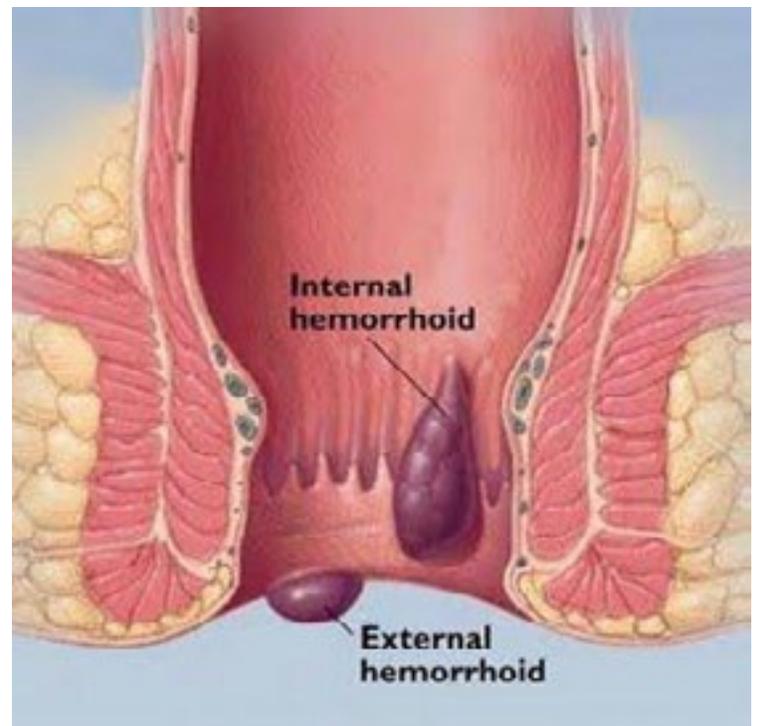
### What Are Hemorrhoids?

First of all, hemorrhoids are not cancer and never turn to cancer. Rather, they are simply varicose veins that just happen to be located at the wrong place at the wrong time. Hemorrhoids only occur in the last inch of the rectum called the anal canal. They are never found further within the colon. All of us normally have many small veins in this area to allow circulation of blood. Straining to eliminate - especially when constipated - causes these veins to temporarily swell. Spending too much time on the commode and repeated straining causes them to remain swollen. Then they are termed hemorrhoids.

Hemorrhoids come in two types, classified by location (see illustration below ). Those located around the outside of the anal opening are called External hemorrhoids. Internal hemorrhoids are located just about 1/2 inch inside the anal opening. This distinction is important since external hemorrhoids are covered by normal skin which has many pain receptors, whereas internal hemorrhoids lack any nerve fibers and are usually less sensitive.

### Prolapsed Hemorrhoids

A prolapsed hemorrhoid is an internal hemorrhoid that has begun protruding from the anus. When an internal hemorrhoid becomes prolapsed, chances are that symptoms will be similar to that of external hemorrhoids. The bulging, protruding tissue will gradually begin to cause



itchiness, irritation, and bleeding from the anus. If large enough, you will be able to feel the prolapsed pile with your finger and push it back into the anus.

The classification of internal hemorrhoids are based on the severity of the prolapse. Grades are as follows:

- Grade 1: No prolapse. The hemorrhoid tissue still remains inside the rectum.
- Grade 2: Minor prolapse. The internal hemorrhoid will occasionally protrude outside the anus and then go back in on its own.
- Grade 3: Increased prolapse. The protruding lump cannot retreat on its own and must be pushed in manually.
- Grade 4: Severe prolapse. Hemorrhoid has become painful and cannot be pushed back in.

### Temporary Relief Fails

Home remedies such as creams such as Preparation H, suppositories, and warm baths offer only temporary relief from hemorrhoidal symptoms. Prescription drugs are not much better. For most people, hemorrhoids won't go away without medical intervention. Instead, they can become worse over time, growing in size and number. For years, people often delayed treatment due to fear of painful medical procedures, a prolonged recovery, and time lost from work. But, there is something new...

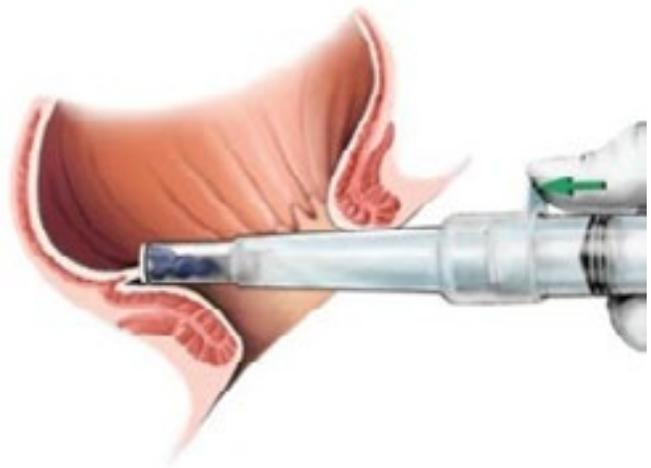
### CRH O'Regan System

Since 2012, our office has been offering our patients the patented CRH O'Regan System for the definitive treatment of internal hemorrhoids. This non-surgical patented disposable device treats all grades of internal hemorrhoids and can be utilized without special bowel preparation or anesthesia. You can eat normally and you don't need a driver. There is no need for painful surgery or a prolonged recovery as seen with past techniques. This highly effective, minimally invasive procedure is performed in our offices in just a few minutes, and most patients are able to return to work the same or next day.

### How Does This Work?

The CRH O'Regan System treats the hemorrhoids, not the symptoms - making products like Preparation H unnecessary. During the brief procedure, we use a small rubber band to ligate or "tie off" the tissue just above the internal hemorrhoid where there are few pain-sensitive nerve endings.

Unlike traditional banding techniques that use a metal toothed clamp to grasp the hemorrhoid itself, CRH uses a disposable ligator to create a soft, gentle suction that pulls the appropriate tissue into it. Then, the rubber band can easily and painlessly be placed around the base of the hemorrhoid, where no pain-causing nerve endings are present - reducing the risk of pain and bleeding.



The banding procedure works by causing focal scarring of the rectal lining and thus cuts off the blood supply to the hemorrhoid. This causes the hemorrhoid to shrink and eventually disappear. Patients won't even notice when this happens or be able to spot the rubber band in the toilet. Once the hemorrhoid is gone, the internal wound usually heals over several weeks.

### 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. A few – around 10-15% of patients – need fewer than three treatments, and some – around 15-20% will require a fourth treatment. We generally only band one hemorrhoid site at a time in separate visits, as multiple bandings on

the same day have been found to increase complications. Also, some extremely large hemorrhoids may require additional banding sessions. Thus, multiple bands may be used in severe cases, but one to three is standard. Most patients require 3 treatments at two-week intervals, and 95% of patients are able to avoid surgery using this technology.



#### Can You Treat External hemorrhoids?

Not directly. 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 and may require drainage. Our offices do NOT offer skin tag removal or drainage of thrombosed hemorrhoids, but can refer you to an experienced surgeon.

#### How Painful Is This?

Soon after the procedure most patients experience a feeling of fullness or a dull ache in the rectum. It may feel like they have to have a bowel movement. Some women describe it as a mild menstrual cramp. This sensation is usually gone by the following morning. Some patient may take an Advil or Tylenol to reduce the discomfort. However, over 99% of patients treated with this technique have no significant pain.

Compared to the pain of surgery, this procedure can be considered “painless.” The procedure is also quite safe. Minor complications are rare and simply treated. Less than 0.2% of patients treated with this advanced technique experience significant post-procedure pain or bleeding. Unlike surgery, no serious complications such as sepsis have been reported in the over 300,000 cases. After a hemorrhoid banding procedure, we recommend that you refrain from vigorous activities the rest of the day and resume full activity the next day. Most patients with office jobs find they can return to work immediately following their appointment.

#### Who Should NOT Have This Procedure

The vast majority of adults with recurrent symptomatic internal hemorrhoids that have failed conventional therapy are excellent candidates for the CRH O’Regan System procedure. However, this procedure should NOT be performed certain individuals:

1. Those in whom the diagnosis is not clear. They may require additional diagnostic testing such as colonoscopy before or sometimes after the treatments are performed.
2. Anticoagulants other than aspirin (Coumadin, Plavix, Arixtra, Pradaxa, Xarelto)
3. Cirrhosis of the liver and portal hypertension
4. Active Idiopathic Proctitis, Ulcerative or Crohn’s Colitis,
5. Radiation Proctitis
6. Pregnant individuals should wait until several months after delivery
7. Those with anal fissures, fistulas, thrombosed hemorrhoids, or other active anorectal diseases should delay treatment.

## Preventing More Hemorrhoids

While the recurrence rate is generally low with banding (about 5% at 2 yrs), continuation of poor bowel habits can increase the risk of new hemorrhoid formation. In general, you should avoid straining with a bowel movement and not spend a lot of time on the toilet catching up on your reading. We suggest that if a bowel movement is not successful within two minutes that you abandon the effort and try again later. This “two-minute rule” can help keep you from straining during bowel movements without realizing it.

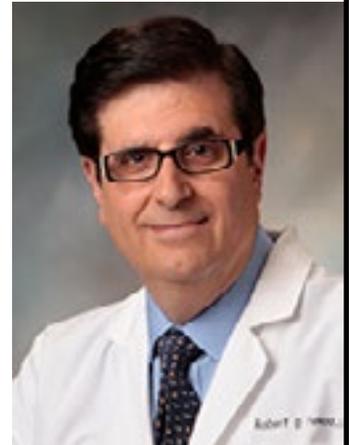
## We Can Help You

In our practice, our physicians have undergone special training in the O’Regan technique and we have performed over 2500 such procedures over the past three years with very few problems and excellent results. We would be happy to see you for a consultation. If you, or someone you know, have this problem and would like to schedule an appointment, please call 412 262.1000.

If you would like more information, there is ONLINE VIDEO at [www.crhsystem.com/patients](http://www.crhsystem.com/patients) that you might find interesting. Also you can read more about this technique at the CRH website which is [www.crhsystem.com](http://www.crhsystem.com).

## Center for Digestive Health & Nutrition

The Center for Digestive Health & Nutrition is a private medical practice with six experienced gastroenterologists and staff dedicated to the prevention and treatment of digestive disorders.



Our physicians have been serving the needs of those in Western Pennsylvania and surrounding areas since 1977 with a combined medical staff clinical experience of over 200 years. We have cared for tens of thousands of individuals with digestive problems.

We fully understand the very sensitive nature of digestive illness and realize that each case is unique. Our objective is to consistently deliver high quality personal care in an efficient, private, and patient friendly environment. We are very proud of the care we provide our patients and would honored to care for you and your family should any digestive issues arise...

**Robert Fusco, MD**

## ***Key Points to Consider with O’Regan Hemorrhoidal Banding***

- 1. Treats internal hemorrhoids (may also improve external hemorrhoids)**
- 2. Does not remove external anal skin tags**
- 3. Most patients require 3 treatments. Rarely a 4th treatment is required**
- 4. Quick (only takes a few minutes)**
- 5. Convenient (no anesthesia, fasting, or bowel prep required. No driver needed.)**
- 6. Minimal time lost from work (back to work same or next day)**
- 7.. Painless (No needles or stitches. No significant pain 99% of the time)**
- 8. Highly effective. Avoids major surgery in 99% of cases. Only 5% recurrence rate**
- 9. Proven (good track record )**
- 10. Safe (Minor complications in 0.2%.**
- 11, No major complications in over 300,000 cases)**
- 12. Covered by most insurance plans and Medicare**