POSTOPERATIVE TREATMENT GUIDELINES FOR HEMORRHOIDAL DESTRUCTION, INFRA RED COAGULATION, OR RUBBER BANDING PROCEDURES

- Bowel movements should be maintained without significant straining.
- Low-fat dietary measures, including fiber or stool softeners, may be considered.
- Good anal hygiene is advised. Keep yourself clean and dry after a bowel movement. Avoid harsh or excessive wiping.
- A moderate sense of discomfort or fullness in the rectum can be anticipated for a few days. Sitz (warm water) baths and mild analgesics (acetaminophen, not aspirin) often relieve it.
- Avoid reading while on the toilet or spending too much time on the toilet. As a rule of thumb, if you can't have a bowel movement in less than five minutes, you should get up and try again later.
- Topical creams, lotions, or suppositories (i.e., Tucks, Anusol, Balneol, Proctofoam, and Hydrocortisone Cream 2.5%) may be used.
- For banding procedures, some bleeding may occur initially and again when the rubber bands fall off in a few days.
- If symptoms are not completely relieved, it is an indication that other areas may need to be treated at a later date.
- Occasional complications are rare but may be serious. The risk of infection is extremely low and could be life-threatening if left unattended. It typically starts around the third day after banding. Flu-like symptoms with fever, increased pain, or difficulty passing urine should be reported to our office.