



Procedure Information

Injection of Haemorrhoid

Introduction

Haemorrhoids occur when vasculatures in the anal canal become swollen. The exact cause is unknown, but haemorrhoids are strongly associated with constipation, pregnancy, aging and genetic factors. Typical symptoms include rectal bleeding, pain and prolapse.

Haemorrhoids can be classified as internal and external. Internal haemorrhoids are located in the anal canal while external haemorrhoids are located on the outer edge of anus. Mild internal haemorrhoids could be treated by injection. The injection causes them to shrivel up and helps to stop bleeding. Injections are usually performed in the outpatient and are normally painless. It can be repeated if necessary, usually at intervals of approximately six weeks.

Outcomes

The expected outcomes of this procedure are to treat for symptoms due to haemorrhoid. It aims to relieve discomfort, pain and prevent bleeding. The haemorrhoid will be shriveled and become smaller.

Procedures

1. The procedure can be performed under no anaesthesia.
2. An oily sclerosant solution is injected into the haemorrhoid which causes inflammation and thrombosis of the vessels to reduce the size of the haemorrhoid.

Possible Risks and Complications

1. Infection
2. Abscess
3. Wound bleeding

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising.

Pre-procedure Preparations

The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.

Advice on Discharge

1. There may be a mild discomfort in the back passage and bleeding from the haemorrhoid after the injection.
2. Prescribed pain medication may be taken as a doctor's prescription.
3. There may be a little bleeding or discomfort over the next 2 or 3 days.
4. A high-fiber diet and consumption of high volume of water are recommended to avoid constipation. You should expect to have defecation within 2 to 3 days.
5. Immediately consult your doctor or return to hospital for professional attention in the event of

severe pain, persistent or massive bleeding, heavy discharge from the anus, constipation for more than 3 days, difficulty in passing urine, nausea or vomiting, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.

6. Any follow-up consultations should be attended as scheduled.

Wound and self- care

When going to the toilet, you should:

- avoid straining to pass stools, because it may worsen the condition of haemorrhoids.
- use moist toilet paper, rather than dry toilet paper, or baby wipes to clean your bottom after defecation.
- pat the area around your bottom, rather than rubbing it.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification