



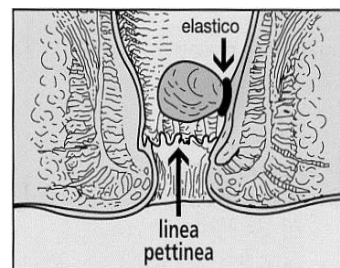
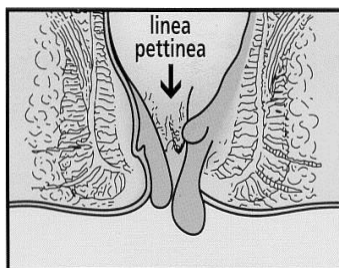
LA LEGATURA ELASTICA DELLE EMORROIDI

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Rubber band ligation of hemorrhoids is the most widespread outpatient intervention to treat hemorrhoidal disease in its early stages.

It consists of grasping the base of the hemorrhoid with forceps or using suction and tying it with a rubber band. The procedure is painless because there is **only minimal sensation above the dentate line**.



In this way it is possible to reduce prolapse and blood flow to hemorrhoids, causing partial necrosis of the hemorrhoidal tissue **with minimal risk of bleeding**.

Most often one hemorrhoid at the time is treated and between each ligation it is desirable to wait at least two weeks. Three or four sessions may be necessary to complete the treatment.

In selected cases it is possible to ligate several hemorrhoids simultaneously.

This treatment requires no bowel preparation with enema or other means.

Rubber band ligation rarely causes pain but in some cases may elicit mild discomfort or tenesmus that resolves in 24-48 hours.

In most cases the patient can immediately resume his/her work and daily activities, although it is better to avoid sports in the first 2 days after ligation.

The rubber band remains in place for 7-15 days and, generally, its expulsion is not noticed by the patient except for a slight loss of blood that should not cause concern.

Very rare complications include:

- urinary problems (more frequent in men);
- hemorrhoidal thrombosis, bleeding and pelvic infection with high fever.

If these symptoms occur, it is advisable to contact your specialist or go to the emergency room.

Satisfactory results are obtained in 70-80% of cases. If symptoms recur, the procedure can be repeated, and only 5-7% of patients require subsequent surgical hemorrhoidectomy.



References

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