



What is it?

Embolisation of the haemorrhoidal arteries is a minimally invasive operation where selected arteries to the internal haemorrhoidal cushion are blocked off, causing them to reduce in size and alleviate symptoms. This procedure is effective in 70-90% of patients who have persistent or recurrent symptoms treatments such as banding.

Who is it for?

This procedure may be helpful for patients:

- with bright red blood in the stool, toilet paper or underwear with ongoing symptoms after banding.
- patients on anticoagulation or who are too frail for surgical haemorrhoid removal.
- patients with prolapsed haemorrhoids that bulge outside the anus that can be gently pushed back in and persistent itch or mucous discharge may also have improvement in symptoms

How is it done?

Embolisation of the haemorrhoidal arteries is usually done under sedation in an operating room with medical imaging equipment. Your interventional radiologist will use an ultrasound to guide a tube into the artery at either the groin or wrist. They will then pass a catheter (thin plastic tube) into the arteries supplying the haemorrhoidal cushion and inject x-ray dye to define the anatomy of the pelvic arteries. A very fine catheter (microcatheter) is then passed into the artery supplying the haemorrhoids.

Soft platinum coils will then be placed inside these arteries blocking them up. By blocking off the blood supply to the haemorrhoidal cushion, the internal haemorrhoids reduce in size, alleviating symptoms.

Some patient require repeat treatment to block off further vessels that have re-grown.

What are the risks?

There is a small risk of damage to the access artery or self-limiting anal discomfort.

Major complications requiring surgery or additional treatment are very rare.

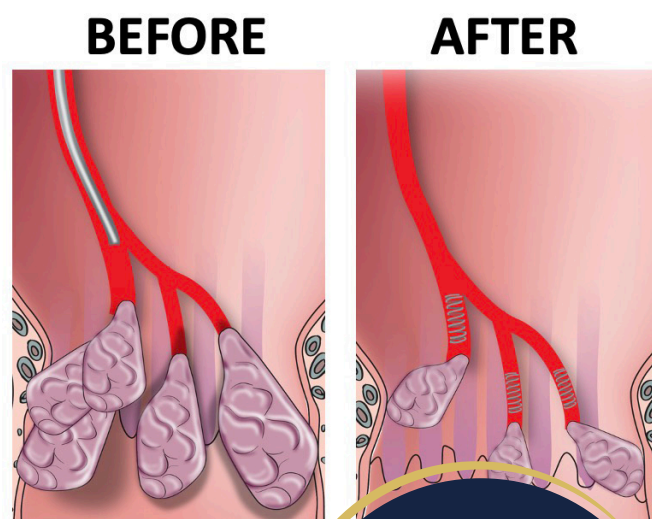
Your doctor will discuss these risks with you before your operation.

Follow up

You will be scheduled for follow up imaging and clinic appointment with your interventional radiologist in the SCUPH suites about 4 - 6 weeks after your operation to review the success of the procedure.

What are the benefits?

- Preserves continence and anal anatomy
- Stops the bleeding
- No cuts or stitches
- No instrumentation of the anus
- Quick recovery
- Safe for most people
- Preserves normal anorectal function



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