

Haemorrhoid Embolisation – image guided

Information for patients

This information leaflet explains haemorrhoid embolisation. It covers what to expect, including the benefits, the potential risks and the alternatives.

Before the procedure, a clinical staff member will explain the procedure to you in detail. This leaflet is not meant to replace that discussion. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you. It is important that you feel well informed before agreeing to the procedure and signing the consent form.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

What is haemorrhoid embolisation?

It is a way of treating haemorrhoids (piles). We inject a special embolisation solution into an artery in your groin or wrist to block some of the swollen blood vessels in your back passage and stop your haemorrhoids from bleeding. It is a minimally invasive procedure, which means that we make only a small cut to carry out the treatment and normally done under local anaesthetic which means you will be awake.

You will also have a dye injected which shows up on an x-ray machine. This is to ensure the embolisation solution is injected into the correct place.

The procedure is new to King's Hospital but has been performed across the UK, Europe, and America. It is not currently a treatment we offer patients as standard but your doctor will have talked with you about the reasons why it has been recommended you have it.

Why do I need this procedure?

You have been diagnosed with haemorrhoids. They are very common and about half of adults have them by the age of 50. They are swollen blood vessels in your back passage (rectum and anus) which can cause fresh bleeding, which is often seen on toilet paper, mixed with poo or in the toilet. You may not be able to see or feel haemorrhoids, but sometimes they can be seen as lumps outside your back passage. This is called a prolapse. Irritation of these swollen vessels can also cause other symptoms including pain, an itchy anus, feeling like you still need to poo, and mucus on your underwear or on toilet paper after wiping your bottom. Haemorrhoid embolisation aims to ease and/or stop the bleeding.

What are the risks?

All medical and surgical procedures can cause complications, even though every effort is made to prevent them. Overall, the risks of haemorrhoid embolisation are low.

- **Damage to blood vessels/bleeding at the access site:** You have a 2% risk of damage to your blood vessels or bleeding where we make a cut in your groin or wrist to carry out the procedure.
- **Discomfort:** You may feel some discomfort in your back passage during the procedure, but this usually eases.
- **Infection:** There is a small risk of infection or of other vessels being blocked.
- **Pain and swelling:** Rarely, you can develop pain, swelling and redness in your back passage. This eases after a few days.
- **Bowel injury:** There is a very small chance of injury to your bowel.
- **Radiation exposure:** We perform haemorrhoid embolisation using ultrasound (US) and x-ray guidance. US does not expose you to radiation. X-ray guidance involves a dose of radiation that is about the same as an x-ray of your abdomen.

What are the benefits?

This procedure has an 80-90% chance of stopping or improving the bleeding caused by haemorrhoids. Other symptoms of piles are less likely to improve.

Because the procedure is minimally invasive and does not involve surgery and rarely requires admission to hospital, you have a faster recovery time.

Are there any alternatives?

There are a number of different treatments for haemorrhoids. The doctor who refers you will discuss these with you.

You can change your mind and decide not to have this treatment at any time. Cases referred for haemorrhoid embolisation have usually been discussed amongst the multidisciplinary team (with doctors from different specialties).

Consent

We must by law obtain your written consent to any operation and some other procedures, including haemorrhoid embolisation, beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign the consent form. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to speak with a senior member of staff again. We will inform your GP that you have had this procedure unless you specifically instruct us not to.

Where will I have the procedure?

You will have it in the Interventional Radiology Department, 1st floor, Denmark Wing, King's College Hospital, Denmark Hill).

How can I prepare for my procedure?

Pre-assessment appointment: We will arrange for you to have a pre-assessment appointment, either in person or by phone. You will be asked questions about you, your health and the medications you take. A blood sample will also be taken to check that you are in good general health and how well your blood clots. You usually have the blood test in our department at King's College Hospital but sometimes you may have it taken at your local GP.

After your pre-assessment appointment, we will arrange a date and time for your procedure. We usually let you know the appointment details the same day as your pre-assessment.

Drugs and alcohol: Do not use any recreational drugs or drink alcohol for at least 24 hours before the procedure.

Medications: Please make sure the doctor or nurse knows if you are taking any of the following blood-thinning medications (anticoagulants): aspirin, clopidogrel, warfarin, apixaban, rivaroxaban, edoxaban, ticagrelor, prasugrel, phenprocoumon, acenocoumarol, dagibatran, argatroban, heparins, fondaparinux, enoxaparin.

Usually, you will need to stop taking these medications a few days to a week before the procedure. But do not stop them on your own without talking to your doctor first. They will tell you when to stop and when it is safe to start taking them again.

If in doubt, please bring all the medications you are taking to the pre-assessment appointment, whether they have been prescribed for you or you have bought them over the counter at your local chemist store.

Will I be admitted to hospital for the procedure?

You will have your procedure as a day case patient or a TCI patient. We explain what this means below. We will let you know which one applies to you:

1. **Day case patient:** You will have the procedure in the morning and, if everything is normal and you are stable, you will be discharged home later in the day. Please arrive at Interventional Radiology at 8am so you can be admitted to the unit.
2. **To come in (TCI) patient:** You will be admitted to the hospital the day before your procedure and stay overnight. Rarely, you may be admitted on the morning of your procedure. The bed manager will call you to let you know when to arrive and which ward to go to.

What happens on the day of the procedure?

Eating and drinking: Have a light breakfast at about 5am but do not eat anything after this time. You can drink clear fluids up to **two hours** before your procedure.

Medications: Keep taking your regular medications, except for any blood-thinning ones. Remember to take your blood pressure medication on the morning of the procedure (if applicable). If your blood pressure is too high on the day of the haemorrhoid embolisation, you might need to have the procedure on another day.

What to bring with you: Please bring a small overnight bag, all your medications and something to read, as a small number of patients need to stay overnight after the procedure.

What not to bring with you: Do not bring valuables, jewellery or large sums of money with you. If this unavoidable, please ask a relative or friend to take them home for you. The hospital cannot accept liability for the loss of items that are not handed in for safekeeping.

What happens before the procedure?

One of our nurses will ask you to change into a gown. They will take check your blood pressure, heart rate and temperature, and ask you some questions. They will put a small, thin plastic tube called a cannula into a vein in your hand or arm so we can give you medications such as pain relief if you need them during or after the procedure.

Either the nurse or ward staff will take you to the room in Interventional Radiology where you will have the procedure.

What happens during the procedure?

An Interventional Radiologist – a specialist doctor trained in image-guided procedures – will carry out your haemorrhoid embolisation. They will explain the procedure to you, ask for your consent and then start the haemorrhoid embolisation.

They will ask you to lie flat on your back on an x-ray table and ensure you are in a comfortable position before they start. They will clean the skin in your groin or your wrist and give you a local anaesthetic injection to numb the area.

Using ultrasound to guide them, the doctor will then make a tiny cut a few millimetres long, use a needle to make a hole in your artery and then insert a small plastic tube (catheter).

They will inject a dye that shows up on x-ray images so they can see the haemorrhoid arteries. When the dye goes in, you may have a warm feeling in your pelvis. During the procedure the doctor may move the x-ray machine around your body to get the best view.

The embolisation solution is then injected into the catheter in your groin or wrist and flows down to your back passage to block the haemorrhoid arteries and reduce the blood flow. You may be asked to hold your breath for 10 – 15 seconds to help reduce movement on the x-ray images.

After the procedure, pressure will be put on the area where the small hole was made in your artery, in order to close it. Alternatively, an absorbable plug may be used to seal your groin artery or a balloon wristband to seal your wrist artery.

Will the procedure hurt?

It is generally painless, apart from the brief sting you feel when you have the local anaesthetic injection. You may feel some pain during the procedure, but this is usually mild and you may have no pain at all.

You might find the position the doctor asks you to lie in during the procedure uncomfortable for a short while.

If you have any pain or discomfort, tell our nursing staff and they will give you some painkillers.

How long will the procedure take?

It takes about two hours but it can take longer. You should expect to be in Interventional Radiology for about five to eight hours.

What happens after the procedure?

You will need to lie on your back in bed for one to four hours if you had your procedure through your groin. If you had it through your wrist, you may be able to sit up straight after your procedure and one of our nurses will remove the balloon band about two hours after your procedure. The radiologist and nurses will tell you for exactly how long you need to rest and recover. They will monitor you, to make sure there are no complications.

If you are admitted to the hospital, you will return to the ward and stay overnight. Our nurses will closely monitor your blood pressure, pulse and the puncture site. They will give you painkillers if you need them. It is important to let them know if you are in pain so they can help you.

When can I go home?

If you are a day case patient: If there are no complications, you will be able to go home later in the afternoon on the day of the procedure.

If you have been admitted to hospital: If there are no complications, you may be discharged the day after the procedure.

Remember, you will not be able to drive yourself home after the procedure, so make sure someone can accompany you. Important: A relative or a friend must collect you from the hospital and take you home by car or taxi (not public transport). You must not drive any vehicle for 24 hours after the procedure and you must make sure you feel well enough to drive after that time.

How do I care for the cut?

You will have a small dressing over the puncture site which you can change if necessary. Keep the site dry for at least 48 hours, then remove the dressing and wash the area with soap and water. Avoid using lotion or powder. Make sure the cut has healed before bathing or soaking it in water.

When can I exercise and go back to work?

For the next 48 hours, do not do any heavy lifting or exercise. When you can go back to work depends on the type of job you do. If it involves heavy lifting, you may need to take a week off. If not, you may be able to return to work two to three days after your procedure, or gradually build back up to normal over a week.

When can I start taking blood thinners again?

If you are taking anticoagulants, your clinical team will let you know when it is ok to start taking them again. This will depend on how well the procedure went and the medication you are taking.

What should I do once I am home?

- Rest for the rest of the day and possibly for the next day, depending on how soon you recover.
- In the first few days, you may feel some discomfort in your lower abdomen or back passage, and you may have some discomfort when you pee. This normally eases after about 10 days.
- You should start to see less bleeding from the piles in the days after the procedure.

What should I look out for after the procedure?

If there are problems after your procedure, they usually happen while you are still in hospital. When you go home it is important to follow the advice that we will give you about who to contact if you:

- are having fevers (cold or hot sweats)
- feel lightheaded or dizzy
- have any discomfort/pain which is getting worse rather than getting better.

If you feel very unwell, call 999 or go to your nearest Emergency Department (ED/A&E).

Will I have a follow-up appointment?

One of our nurses will contact you for follow-up calls to check how you are doing and how well the treatment has worked. They will phone you after:

- One week
- Three months
- One year

You will also have separate follow-up appointments with the colorectal team.

What should I do if I cannot come for my procedure?

Please let us know as soon as possible by contacting the Interventional Radiology Department, so we can arrange another date and time. This also enables us to offer your appointment time to someone else.

King's College Hospital, Denmark Hill, Tel: **020 3299 3490**, **020 3299 6730** or **020 3299 3280**

Who can I contact with queries or concerns?

If you have any questions about your procedure, please contact the Interventional Radiology Nurses:

King's College Hospital, Denmark Hill, Tel: **020 3299 3490** or **020 3299 2060**,
Monday to Friday, 9am – 5pm

More information and support

- King's College Hospital: www.kch.nhs.uk
- NHS: www.nhs.uk, tel: 111
- British Society of Interventional Radiology: www.bsir.org (click on Patients, click on patient information leaflets, select leaflet)

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601** Email: **kch-tr.palsdh@nhs.net**

You can also contact us by using our online form at **www.kch.nhs.uk/contact/pals**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.