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**INFORMATION FOR PATIENTS CONSIDERING INFRARED
COAGULATION (IRC) OF INTERNAL HEMORRHOIDS**

Hemorrhoids are a very common problem. Also known as “piles”, hemorrhoids are actually enlarged veins involving the rectum or anus. Hemorrhoids that involve the rectum are known as internal hemorrhoids. The most common symptom is painless bleeding but occasionally hemorrhoids can fall down (prolapse) into the anus resulting in pain and discomfort.

Medical treatment of internal hemorrhoids involves adding dietary fiber or taking supplements (Metamucil) and/or applying hemorrhoidal creams or suppositories (Preparation H, Anusol). When medical treatments are unsuccessful, infrared coagulation (IRC) can be a safe and effective alternative method. Infrared coagulation of internal hemorrhoids refers to a procedure where a doctor identifies internal hemorrhoids by inserting a short, clear, plastic tube into the anal canal (called an anoscope). Through the anoscope, an infrared light is used to shrink or coagulate the hemorrhoid tissue. The procedure generally takes 10-15 minutes. Sedation (pain medication through an IV) is not used since the procedure generally is either painless or associated with a brief warm sensation in the rectum. Sometimes repeat treatment sessions (two or three additional sessions) are required to completely shrink the hemorrhoidal tissue.

The complications of Infrared coagulation are uncommon. The complications include the following:

- 1) Bleeding, 2) pain, 3) scarring of the anal canal or rectum and, 4) infection.

Complications may resolve on their own or may require additional treatments such as blood transfusions, hospitalization and/or other procedures.

Alternatives to infrared coagulation of bleeding internal hemorrhoids include: doing nothing, medical treatment (described above), banding (placing rubber bands around the hemorrhoids), or surgery. Although banding and surgery have been shown to be effective treatments for internal hemorrhoids, studies have shown that infrared coagulation is associated with less pain and discomfort.

Patient Signature

Date

Patient Name PRINTED

DOB

Witness Signature

Date