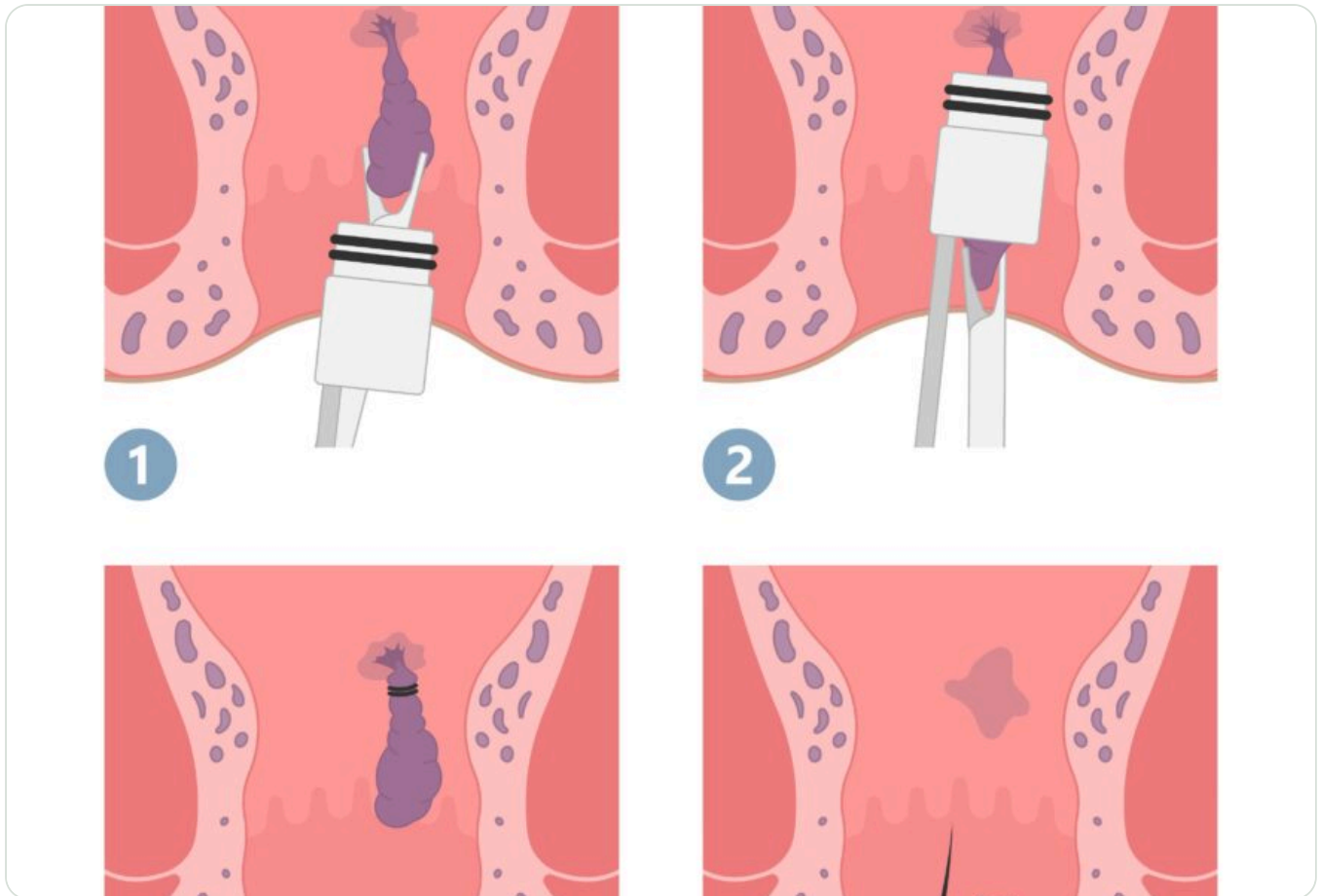


Treatment of haemorrhoids with the McGivney method (rubber band ligation): A guide for you



Rubber band treatment of haemorrhoids

Are you experiencing **fresh rectal bleeding**, or do you have bothersome swellings at the anal opening? You are not alone. Haemorrhoids are one of the most common reasons people seek medical advice for anorectal discomfort. Fortunately, effective, fast, and virtually painless methods exist for the treatment of haemorrhoids.

One of the most recognised methods is **McGivney ligation of haemorrhoids**, also known as rubber band ligation of haemorrhoids. In this post, we will go through everything you need to know about the procedure.

What is the McGivney method?

The McGivney method is a refinement of classic rubber band ligation. It is a non-surgical treatment where a small, tight elastic band is placed around the base of the haemorrhoid. This cuts off the blood supply to the tissue, causing the haemorrhoid to shrink and fall off after about a week.

Indications: When is the treatment relevant?

The treatment is particularly suitable for internal haemorrhoids (Grade 1, 2, and selected Grade 3). Typical signs that you may benefit from the treatment include:

- **Fresh rectal bleeding:** Typically bright red blood on the toilet paper or in the bowl after a bowel movement.
 - **Prolapse:** The sensation of something "falling out" during defecation.
 - **Itching and irritation:** Resulting from mucosal involvement.
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How is the procedure performed?

Many fear pain during procedures in the rectum, but McGivney treatment is performed in an area of the mucosa where there are no pain nerves. This means that anaesthesia is usually not necessary.

1. **Examination:** The doctor inserts a small tube (anoscope) to locate the haemorrhoids.
 2. **Ligation:** Using the McGivney applicator, the haemorrhoid is suctioned into a cylinder, after which a small rubber band is fired into place around the "neck" of the haemorrhoid.
 3. **Duration:** The procedure itself often takes only a few minutes.
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After the treatment: What can you expect?

Most people can resume their normal activities immediately after. However, you may experience:

- **Sensation of pressure:** A feeling of needing to have a bowel movement for the first 12-24 hours.

- **Slight bleeding:** When the haemorrhoid falls off (typically after 5-10 days), a bit of **fresh rectal bleeding** may occur. This is completely normal.
 - **Pain:** Persistent severe pain is rare. If it occurs, it can often be relieved with over-the-counter medication.
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Effectiveness and success rate

The McGivney method is known for its high success rate and low risk of complications compared to actual surgery. Studies show that up to 80% of patients achieve improvement of symptoms after 1-3 treatments.

Important: If you experience very heavy bleeding, fever, or difficulty urinating after the procedure, you should always contact your doctor.

Prevention: Avoid the recurrence of haemorrhoids

To ensure the best effect of your **haemorrhoid treatment**, it is important to prevent new ones:

- Eat a fiber-rich diet.
 - Drink plenty of water (1.5 - 2 litres daily).
 - Avoid straining too hard during bowel movements.
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References (PubMed-based)

Below you will find scientific documentation regarding the effectiveness of the treatment:

1. **Brown, S. R.** (2017). "Hemorrhoids: Management, diagnosis, and treatment." *PubMed PMID: 29141021*. The study emphasises that rubber band ligation (RBL) is the "gold standard" for Grade 1-3 internal haemorrhoids. [Link to PubMed](#)
2. **Cocorullo, G., et al.** (2017). "The non-surgical treatment for hemorrhoidal disease. A systematic review." *PubMed PMID: 28315183*. A review of the evidence behind non-surgical methods including McGivney. [Link to PubMed](#)

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3. Iyer, V. S., et al. (2004). "Long-term outcome of rubber band ligation for symptomatic primary hemorrhoids." *PubMed PMID: 15344440*. Documents the long-term effect and low complication rate of ligation treatment. [Link to PubMed](#)