



## Hemorrhoid Banding Discharge Instructions

**Procedure:** Hemorrhoid Banding

**Activity:** No excessive exercise today, return to normal activity as comfort allows.

**Diet:** Liquids and light foods then advance diet as tolerated. There are no dietary restrictions. If nauseated, return to clear liquids only (water, apple juice, tea, lemon-lime soda, etc.).

**Medications:** Resume usual medications or as instructed by physician.

**Rx** \_\_\_\_\_

### General information relating to pain medications:

1. Take with food or milk to reduce stomach irritation.
2. Do not drink alcohol or make important decisions while on narcotics.
3. The medication can cause drowsiness; do not drive or do anything that requires mental alertness (using power tools).
4. Most pain medications tend to have a constipating effect; drink extra fluids and increase fiber/bulk in your diet (whole grains and cereal, fresh fruit, and vegetables).

**Special Instructions:** Expect some bleeding with the next bowel movement and in 7-10 days when the band cuts through. Try **NOT** to have a bowel movement for 24 hours. If no bowel movement in 72 hours, try a mild laxative, eat bran or whatever works for you.

**Doctor Appointment:** Call Dr. \_\_\_\_\_ for a follow-up appointment for \_\_\_\_\_  
Office Phone Number: **509-338-0632**

**Call Doctor If:**

1. Your pain is not controlled by your pain medications.
2. You have redness, swelling, or excessive bleeding or drainage from your incision.
3. You have chills or temperature over 100.5 or other signs of infection.
4. Nausea or vomiting that is not relieved
5. You have dizziness and notice an increase in girth size of your abdomen.

**OR contact Pullman Regional Hospital Same Day Services (509) 336-7570 and ask to speak to a nurse, explain the problem you are experiencing.** The nurse will advise you and help you contact your surgeon or one of their partners.

These instructions have been explained to me and I have received a copy.

Patient/Escort Signature: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### DISCHARGE FOLLOW-UP

Procedure: \_\_\_\_\_

Phone: \_\_\_\_\_

Okay to leave message/talk to family member? Yes/No    Parent/Family Name: \_\_\_\_\_

1<sup>st</sup> Attempt Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Left Message

No Answer

Spoke with patient/family

2<sup>nd</sup> Attempt Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Left Message

No Answer

Spoke with patient/family

Spoke with:     Patient     Spouse     Parent     Other: \_\_\_\_\_

Is your pain controlled by your pain medications?

Yes     No: \_\_\_\_\_

Are you able to tolerate food/fluids?

Yes     No: \_\_\_\_\_

Any problems with circulation or sensation? (i.e. numbness, tingling, swelling?)

Yes     No: \_\_\_\_\_

Is your dressing clean, dry, and intact?

Yes     No: \_\_\_\_\_

Do you have any questions regarding your discharge instructions?

Yes     No: \_\_\_\_\_

Are there any concerns or compliments that you would like us to know about?

Yes     No: \_\_\_\_\_

Physician's Office Notified of concerns     NA

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_