



Hemorrhoidal Artery Embolization

An alternative to surgery and
banding treatments

UNIVERSITY RADIOLOGY



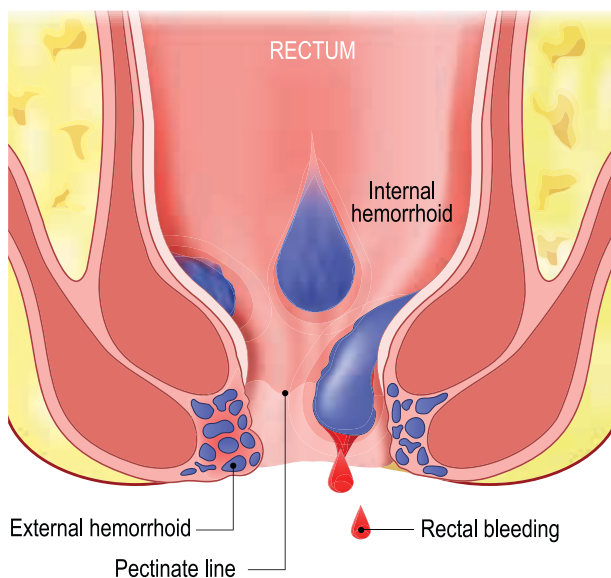
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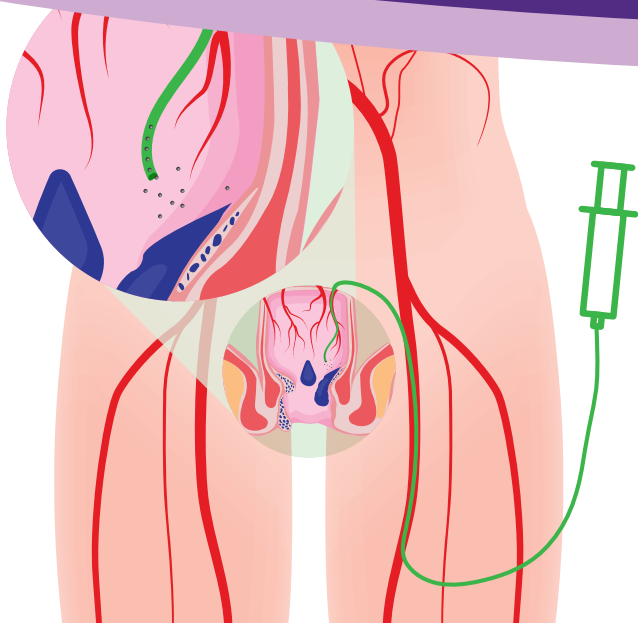
A new treatment option for chronic hemorrhoids

About half of all Americans will experience hemorrhoids in their lifetimes. In most cases, hemorrhoids will go away on their own or with diet changes, topical treatments, medications or supplements. But they can also persist and cause bleeding, itching and painful bowel movements.

If conservative treatments have failed and symptoms persist, the potential complications of hemorrhoids and resulting painful conditions can include:

- Perianal thrombosis
- Incarcerated prolapsed hemorrhoids
- Anemia
- Blood clots
- Blood loss (due to a burst hemorrhoid)
- Infection
- Skin tags





HOW DO I KNOW IF HEMORRHOID EMBOLIZATION IS RIGHT FOR ME?

This procedure is recommended for patients who:

- Suffer from grade 1, 2 or 3 internal hemorrhoids
- Treatment with hygiene, dietary changes, medication or other conservative treatment has not worked
- Do not wish to have a hemorrhoidectomy, stapling surgery or rubber band ligation

The following conditions may disqualify you from hemorrhoid embolization:

- Inflammatory bowel disease
- Have had previous hemorrhoidal or colorectal surgery
- Prolapsing grade IV hemorrhoids

1. Ganz RA. The evaluation and treatment of hemorrhoids: a guide for the gastroenterologist. *Clin Gastroenterol Hepatol* 2013; 11:593–603.
2. Nienhuijs SW, de Hingh IH. Pain after conventional versus Ligasure haemorrhoidectomy. A meta-analysis. *Int J Surg* 2010; 8:269–273.
3. Andreia Albuquerque Rubber band ligation of hemorrhoids: A guide for complications. *World J Gastrointest Surg.* 2016 Sep 27; 8(9): 614-620
4. Sandeep Bagla, MD et al. Outcomes of Hemorrhoidal Artery Embolization from a Multidisciplinary Outpatient Interventional Center. *Journal of Vascular and Interventional Radiology.* February 1, 2023.
5. Priscilla Mina Falsarella, MD et al. Embolization of the Superior Rectal Arteries versus Closed Hemorrhoidectomy (Ferguson Technique) in the Treatment of Hemorrhoidal Disease: A Randomized Clinical Trial. *J Vasc Interv Radiol* 2023; 34:736–744

WHAT CAUSES HEMORRHOIDS?

Hemorrhoids are swollen veins inside the lower rectum or under the skin around the anus, similar in nature to varicose veins. They most commonly occur in those between 45 and 65 years of age. They may be caused by an increase in pressure in the lower rectum through one or more of the following factors:

- Sitting for long periods
- Straining or excessive exercise
- Spinal cord injury
- Constipation or diarrhea
- Being overweight
- Pregnancy or childbirth
- Family history

A diet high in fiber, as well as drinking plenty of fluids and getting regular exercise can help prevent hemorrhoids.

TREATMENT

Conservative treatment for hemorrhoids may include diet changes, topical treatments (such as an over-the-counter hemorrhoid cream), sitz baths and oral pain relievers (such as Tylenol). If the symptoms do not disappear, and if you are experiencing severe pain, bleeding, changes in bowel habits or changes to the color or consistency of your stools, you will want to talk with your doctor about other treatment options.

Hemorrhoidectomy is a surgical procedure to remove them. However, surgery comes with risks and complications that can include infection, bleeding, difficulty emptying the bladder, rectal prolapse and more. Although it is effective, this surgery is associated with intense postoperative pain and a prolonged time to return to normal activities.^{1,2}

More recently, a less invasive treatment called rubber band ligation has been used. Yet, this approach is also associated with pain and complications, especially for those taking anti-platelet or anti-coagulant medication, who have a higher risk of hemorrhage and infectious complications.³

A new and minimally invasive option to treat hemorrhoids is called hemorrhoidal artery embolization (HAE). This is typically recommended for patients with grade 1 to 3 internal hemorrhoids who have not responded to conservative treatment. It is safe and effective⁴, and offers comparable outcomes to surgery, but with less pain.⁵

THE HAE PROCEDURE

HAE is performed by an interventional radiologist who inserts a tiny catheter into an artery in your upper thigh, and then uses x-ray imaging to guide it through the body's blood vessels to the rectal artery. Special coils are inserted into the artery to cut off the blood supply to the hemorrhoid, causing it to shrink. The success rate of this procedure is greater than 90%.⁵

Unlike surgery, there is no general anesthesia required for the procedure, no incisions and no scarring. You are able to return home the same day and resume your normal activities.

**Talk to your doctor
about hemorrhoidal
artery embolization**



If your doctor is not familiar with hemorrhoid embolization, please share this brochure with them. If you have questions, call us! We are happy to help provide the information that you need to make an informed decision with your doctor.

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