DR TARR. INTERVENTIONAL RADIOLOGY · BRISBANE & IPSWICH

PATIENT FACTSHEET

BOWEL & VEINS · HAEMORRHOID ARTERY EMBOLISATION

Haemorrhoid Artery Embolisation

HAE (the "emborrhoid" technique) reduces the blood supply that keeps internal haemorrhoids bleeding, through a pinhole, with no rectal surgery, no incision and no post-operative wound pain.

AT A GLANCE

Anaesthesia **Sedation**	Hospital stay **Day case**	Procedure time **About 1 hour**
Back to normal **1 to 2 days**	Blood thinners **Usually continued**	Cost **Usually no gap on fee***

The problem: haemorrhoids that keep bleeding

Internal haemorrhoids are cushions of blood vessels that have become enlarged and fragile. For many people, banding fixes the problem. For others, bleeding keeps returning, or surgery is unappealing because of the recovery, or unsafe because of blood thinners or other health problems. That group has been stuck between repeat banding and an operation they do not want.

How embolisation fixes it

Haemorrhoids are fed mainly by branches of the superior rectal arteries. In HAE, a catheter is guided from a pinhole in the wrist or groin into those branches, and the feeding vessels are blocked with tiny coils or particles. With their inflow reduced, the haemorrhoid cushions decompress and the bleeding settles, while the back passage itself is untouched: no cutting, no wounds, no anal stretching.

Who it suits

- Grade II to III internal haemorrhoids with recurrent bleeding despite banding
- People who decline surgery or want to avoid the painful post-operative period
- Patients on anticoagulants or with health problems that make surgery risky
- Bleeding-predominant symptoms (prolapse-predominant disease is usually better served surgically, and an honest selection discussion comes first)

What to expect

1. **Consultation.** Review of your colonoscopy and treatment history, and confirmation that bleeding is from haemorrhoids, not something else.
2. **The procedure (about an hour).** Sedation, single pinhole, both sides treated in one sitting. No bowel preparation ordeal, no rectal instruments.

3. **Home the same day.** Most people return to normal activity within a day or two. There is no wound to care for.
4. **Follow-up.** Bleeding typically settles over the following weeks; review confirms the result.

Results and risks, honestly

Published series report meaningful reduction or resolution of bleeding in the majority of well-selected patients, with high satisfaction, largely because there is essentially no recovery period. It does not remove prolapsing tissue, so patients with significant prolapse are usually still best served by their colorectal surgeon, and all surgical options remain fully available after HAE. Risks are low: mild pelvic discomfort for a day or two and bruising at the puncture site are the common ones; rectal injury is avoided because nothing is done via the rectum. Recurrent bleeding can occur and can be re-treated.

Common questions

How is this different from banding or surgery? Banding treats haemorrhoids from inside the rectum and works well for many. Surgery removes tissue but involves a notoriously painful recovery. HAE works from inside the blood vessels; nothing is done via the back passage, so there is no wound and minimal downtime. It sits between banding and surgery: more durable than repeat banding for bleeding, far gentler than excision.

Can I stay on my blood thinners? Usually yes. That is one of HAE's main advantages. Your individual plan is confirmed at consultation.

Do I need a colonoscopy first? Recent colonoscopy (or equivalent assessment) is required before treating presumed haemorrhoidal bleeding. Rectal bleeding must never be attributed to haemorrhoids without excluding other causes.

APPOINTMENTS & REFERRALS
07 3107 4875
referrals@drtarr.com · drtarr.com

For GPs: refer by naming **Dr Gregory Tarr** (Medical Objects: "Dr Gregory Tarr"). Every consultation covers all of the patient's options, not just this one.

*For privately insured patients, most procedures involve no gap on Dr Tarr's fee; hospital or anaesthetic costs may still apply. Your individual costs are confirmed in writing before booking.

Dr Gregory Tarr · MB ChB, PhD, FRANZCR, EBIR · Interventional Radiology, Brisbane & Ipswich · **drtarr.com**