Some insurance companies may not cover this procedure. Contact your insurance company by calling the phone number on your insurance card.

Some insurance companies require a pre-authorization for the facility and the procedure. As a courtesy we will try to get the authorization but ultimately this is your responsibility to make sure this is done.

If you are unable to keep your scheduled procedure, please call our office 72 hours in advanced. A cancellation fee of $100 may be billed to you if you do not keep your procedure appointment without notice.

Salem Endoscopy is not affiliated with Salem Hospital. Salem Endoscopy Center, LLC, is owned and operated by the physician shareholders of Salem Gastroenterology Consultants, P.C. who assume the responsibility for providing the highest quality of endoscopic care in a friendly, comfortable and confidential environment.

Hemorrhoid Banding Preparation

You can purchase the laxatives, fiber supplements, and enema at the pharmacy in the laxative section.

Salem Endoscopy Center located at:
Salem Hospital Campus
875 Oak Street S.E., Building C, 3rd floor
Suite C3095
www.salemgastroenterology.com

Date of exam: _________________ Check in time: __________

Please call 503-399-7520 with any questions. Press option #1 for scheduling or procedure scheduling.
Hemorrhoid Banding Preparation:

- Notify us ASAP if you have an allergy to Latex -

1. You will need to purchase one FLEET Enema, one bottle of a fiber supplement (Metamucil, Citrucel, Konsyl, or Benefiber) and a small bottle of Milk of Magnesia.

2. Begin a Clear Liquid Diet 12 hours prior to exam. (No solid food)
   Examples of a clear liquid diet:
   - Water, coffee, tea, (NO milk or creamers)
   - Clear fruit juices without pulp or cloudiness
   - Soda pop, Gatorade, Bouillon, Popsicles, & JELL-O.
   - Avoid all RED colored liquids.

3. Use one FLEET Enema (saline or phosphate based) one hour before your exam. Follow the instructions on the box. (Do NOT use mineral oil Enemas)

4. You may continue your normal prescription medications unless you are on a major blood thinner such as Coumadin, Warfarin, Plavix, Ticlid or Effient then you will need to get special instructions from our office.

   No sedation is given for this procedure, but you will want to go home and rest due to some discomfort following the banding.

   Please keep all valuables at home but bring your insurance card.

DATE OF EXAM: ____________ Check in time: ____________

   Please call 503-399-7520 with any questions.
   Press option 2 for procedure schedulers.

Post procedure instructions:

1. It is helpful to keep your stools soft and avoid straining.
2. Use 1 tablespoon of fiber powder once or twice a day and drink at least 8 to 10 glasses of water throughout the day.
3. Begin taking 1-2 oz of Milk of Magnesia before bedtime, if you have not had a bowel movement by the second day after the procedure.
4. If you still have not had a bowel movement by the 4th day after having your procedure, call during clinic hours for advice. 8:30a.m. to 5:00p.m. Monday thru Friday.
5. After bowel movements, you may want to sit in a warm water bath if you experience any muscle spasms.

   Call our office immediately if you develop a fever over 101.5, have trouble urinating or persistent bleeding more than a ½ a cup.
   We can assess your progress about 4 weeks after the procedure and place additional rubber bands if needed.
   Call if you are still symptomatic from your hemorrhoid(s) after 4 weeks.

   If you have any questions following your procedure contact our nursing department at 503-399-7520.
   Press option 3 to speak to a nurse.
   Our phone hours are 8:30 a.m. to 5:00 p.m. Mon thru Fri.