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How does it work?

Rubber banding works by inducing necrosis and fibrous reaction at the neck of the haemorrhoid. This reaction will occlude the haemorrhoid vessels. It pulls up and attaches the redundant mucosa to the rectal wall. The size of the tissue secured is not important so long as there is enough tissue secured to prevent the band from falling off immediately after the application.

How can you justify the cost?

Haemoband is very cost effective compared to reusable units because of the high capital value and sterilization costs. Also the cost of sterilising one unit is usually similar to that of one Haemoband.

Reusable banders are an expensive capital item and need to be sterilized between procedures. A clinic using reusable banders would require to hold stocks to facilitate procedures and also to be available when used banders are being sterilised.

Additionally the procedure time with Haemoband is significantly less. This allows more patients to be treated within a given time.

What makes Haemoband different?

Haemoband is the only ligator that automatically reloads and controls suction at once. We believe there is no other unit on the market like it. The time you will save per procedure and the improved comfort for you and your patients makes it a very desirable device for colorectal surgeons.

Is it medically approved?

Haemoband Surgical Ltd has a comprehensive Quality Management System (QMS) which fully complies with ISO13485:2003 [Certificate Number MD 521896]

We have also been awarded a CE Mark for Product Quality Assurance [Certificate Number CE 521895]

The most recent addition to our accreditations is our FDA

clearance [510(k) Number K091519]

How can I see the haemorrhoid is in position before applying band?

The key to effective application is to ensure that the proctoscope is correctly positioned in relation to the haemorrhoid.

When the proctoscope is correctly positioned, the Haemoband is introduced into the proctoscope until the tip of it is gently resting on the haemorrhoid. Suction is automatically applied to the haemorrhoid when the trigger is partially squeezed. This will introduce it into the tip of the haemoband which correctly positions it for a band to be applied.

Isn't the aperture too big/too small?

Too big: Although we could have designed the end to be smaller, we wanted surgeons to be able to accommodate larger tissues.

Too small: The inside nozzle diameter is 10mm which is the same or larger than most other banders. The nozzle is carefully designed to minimise the pressure needed to secure the haemorrhoid.

Why have you only pre-loaded with 4 bands?

The strength of the bands and the accuracy of the system means that only one band is needed per haemorrhoid. The recommended maximum is three bands per session, leaving one spare. Properly applied bands containing between 1-2mm of tissue are unlikely to become dislodged.

What level of suction is needed?

Normal hospital suction is adequate. Optimum levels should be above 600 mmHg or >80KPa.

What if there is no suction available?

Small, inexpensive portable suction devices can be used.

How much tissue do I secure with the band?

1-2mm of tissue is sufficient to stimulate a fibrous reaction around the neck of the haemorrhoid, occluding the haemorrhoid vessels and reducing the redundant mucosa.

Why is the handle so thick?

Haemoband is the only device with a dual action handle. By listening to the suction and gently squeezing the trigger, you can action the suction. By pressing down a bit harder, you

can release a band.

How many are there in a box?

Haemobands come by the box. There are 10 disposable guns sealed within airtight, clean bags in every box of Haemobands.

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