

PLATIPUS Trial: comparison of different pain relief strategies in haemorrhoid banding

ACTRN12622000006741

Status RECRUITING
Sponsor Mr David Proud
Enrollment 120 participants

Plain Language Summary

Haemorrhoids — swollen veins around the anus — are very common and can cause discomfort, bleeding, and prolapse. Rubber band ligation (RBL) is a simple office-based procedure that cuts off blood supply to the haemorrhoid using a small rubber band. It is very effective, but pain in the hours and days afterwards is a frequent complaint. Currently, surgeons have no strong evidence to guide their choice of pain management strategy, and practice varies widely.

The PLATIPUS trial randomly assigns patients undergoing RBL to one of three pain management approaches: a local anaesthetic injected at the banding site, a nerve block to the pudendal nerve (which supplies the anus), or standard post-procedure medications only (paracetamol and anti-inflammatories). Pain scores and medication use will be recorded over the two weeks following the procedure.

You may be eligible if you are 18 or older and have consented to have rubber band ligation for haemorrhoids. People with a previous reaction to the local anaesthetics used, additional anorectal conditions like Crohn's disease or an anal fissure, or who are having RBL alongside a major additional procedure are not eligible.

Key Eligibility Criteria

Inclusion (2)

- Adults aged 18 years or older, AND
- Consented for rubber band ligation of haemorrhoid disease

Locations (1 total)

VIC, Australia