

FOR OFFICE USE ONLY

Randomisation No. R /

Participant Initials



Procedure Details

Day 0

Confidential

Section A: Procedure details

Date of randomisation

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| d | d | m | m | y | y | y | y |

Treatment group

RBL

HAL

Date of procedure

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| d | d | m | m | y | y | y | y |

A1 Was anticoagulation medication stopped before procedure?

Yes No N/A



A2 Date medication stopped

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| d | d | m | m | y | y | y | y |

A3 Grade of haemorrhoids

II III

A4 Initials of surgeon performing procedure

A5 Grade of operating surgeon

Consultant

Staff or Associate Specialist

Surgical Trainee

Fellow

Other

details

A6 Supervised by consultant

Yes No N/A



A7 Initials of supervising consultant

Section B: Rubber Band Ligation

| B1 Positioning of bands | Number | | |
|-------------------------------------|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> 3 o'clock | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> >2 |
| <input type="checkbox"/> 7 o'clock | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> >2 |
| <input type="checkbox"/> 11 o'clock | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> >2 |
| <input type="checkbox"/> Other | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> >2 |

B2 Pain on application

Yes No
↓

details

B3 Procedural complications for RBL

None

Bleeding

details

Haematoma

details

Anaesthetic

details

Other

details

Section B: Rubber Band Ligation

B4 Post procedure complications for RBL

- Bleeding
- Need for transfusion
- Urinary retention requiring catheterisation
- Severe pain

details

- Other

details

- None

B5 Required admission?

- Yes No



details

B6 Medications prescribed post procedure

- Paracetamol
- Cocodamol
- Codeine
- NSAID
- Tramadol
- Laxative
- Antibiotic
- None

Section C: Haemorrhoidal Artery Ligation

Anaesthetic details

C1 Anaesthetic

- General and local
- Spinal
- Sedation only

C2 Grade of anaesthetist:

- Consultant
- Staff or Associate Specialist
- Surgical Trainee
- Fellow
- Other

details

C3 Supervised by consultant

- Yes No N/A

C4 Initials of supervising consultant

Operative details

C5 Make and model of kit

| C6 | Positioning of sutures | Pexy (✓) | Positioning of sutures | Pexy (✓) |
|----|------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | <input type="checkbox"/> 1 o'clock | <input type="checkbox"/> | <input type="checkbox"/> 7 o'clock | <input type="checkbox"/> |
| | <input type="checkbox"/> 2 o'clock | <input type="checkbox"/> | <input type="checkbox"/> 8 o'clock | <input type="checkbox"/> |
| | <input type="checkbox"/> 3 o'clock | <input type="checkbox"/> | <input type="checkbox"/> 9 o'clock | <input type="checkbox"/> |
| | <input type="checkbox"/> 4 o'clock | <input type="checkbox"/> | <input type="checkbox"/> 10 o'clock | <input type="checkbox"/> |
| | <input type="checkbox"/> 5 o'clock | <input type="checkbox"/> | <input type="checkbox"/> 11 o'clock | <input type="checkbox"/> |
| | <input type="checkbox"/> 6 o'clock | <input type="checkbox"/> | <input type="checkbox"/> 12 o'clock | <input type="checkbox"/> |

Section C: Haemorrhoidal Artery Ligation

C8 Excision of skin tags

Yes No N/A

C9 Intra-operative-complications

None

Bleeding

details

Haematoma

details

Anaesthetic

details

Device Failure

details

Other

details

Timings for surgery

C13 Entry into operating room

 :
h h m m

24 hour format

C14 Surgical start time ('knife to skin')

 :
h h m m

24 hour format

C15 Surgery stop time

 :
h h m m

24 hour format

C16 Time of leaving operating room

 :
h h m m

24 hour format

C17 Required admission?

Yes No



details

Section C: Haemorrhoidal Artery Ligation

C10 Post-operative complications

- Bleeding
- Need for transfusion
- Urinary retention requiring catheterisation
- Severe pain

details

- Other

details

- None

C12 Medications on discharge

- Paracetamol
- Cocodamol
- Codeine
- NSAID
- Tramadol
- Laxative
- Antibiotic
- None

Discharge

C17 Date and time of discharge

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| d | d | m | m | y | y | y | y |

| | | | | |
|---|---|---|---|---|
| | | : | | |
| h | h | : | m | m |

24 hour format