

FOR OFFICE USE ONLY

Randomisation No. R /

Participant Initials



Clinical Assessment

6 Week

Confidential

Section A: Recurrence

Date of visit

d	d	m	m	y	y	y	y

A1 Prior to the 6 week visit has the patient needed to seek professional medical advice due to further symptoms from haemorrhoids since their procedure?

Yes No

A2 At the moment, are their symptoms from haemorrhoids:

1. Cured or improved compared with before starting treatment
2. Unchanged or worse compared with before starting treatment

Proctoscopy (if recurrence)

A3 Was a proctoscopy performed? Yes No



A4 Haemorrhoidal tissue still present Yes No



A5 Grade

- I II III IV

A6 Clinical findings

- Anal fistula
- Anal stenosis
- Residual anal skin tags
- Anal fissure

Other

specify

None

Section B: Interventions since discharge

B1 Not including the 6 week visit has the patient required an out-patient appointment since their RBL/HAL?

Yes No



B2 Did they require RBL?

Yes No

B3 Did they require another elective procedure?

Yes No



Please give details

B4 Has the patient been admitted to hospital with a complication since discharge?

Yes No



#	Reason*	Date of admission	Date of discharge
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* e.g. Blood transfusion; Examination under anaesthetic; Excisional haemorrhoidectomy; Other, please give details

B5 Prior to the 6 week visit has the patient had any other elective / semi-elective procedures for haemorrhoids since their RBL/HAL?

Yes No



Please give details

Section C: Specific Complications

^{D1} Has the patient experienced any of the following complications since discharge? Yes No



- Urinary retention (which requires catheterisation)
- Pelvic sepsis
- Systemic complication related to haemorrhoids intervention(s)
- Other

specify

Section D: Unexpected SAEs

^{D1} Has the patient experienced any unexpected SAEs?



Yes No

Please complete an SAE form.

Guidance is given in the 'Safety reporting guidance' document. Please contact the study team if you have any queries

Section E: Need for further treatment

Medical treatment

E1 Is medical treatment required for persistent haemorrhoids or anal fissure? Yes No

E2 Pharmaceutical treatment prescribed? Yes No

GTN Paste

Diltiazem Paste

Other, specify:

E3 Have you discharged the patient from clinical follow-up? Yes No*

*If No, go to the next section

*Further planned treatment

E4 Is further surgical treatment required for persistent haemorrhoids? Yes No

E5 Rubber band ligation Yes No

E6 Stapled haemorrhoidopexy Yes No

E7 Excisional haemorrhoidectomy Yes No

E8 Surgery for complications Yes No

Please give details

E9 Other colorectal surgery Yes No

Please give details

Indication for surgery