



INFRARED COAGULATION (IRC) THERAPY TO TREAT PREMALIGNANT ANAL LESIONS

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What is IRC and what is it used for?



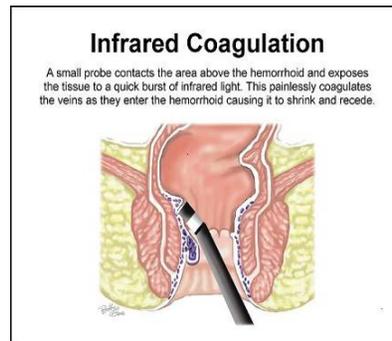
The **infrared coagulator (IRC)** is a special instrument that delivers infrared light. Heat created by the infrared light destroys precancerous areas, so that necrotic (dead) tissue can be removed.

The IRC was approved by the US Food and Drug Administration for treating Condyloma (warts), hemorrhoids, chronic rhinitis and tattoo removal.

Now, it is used to treat internal and external anal pre-cancerous low grade squamous intraepithelial lesions (LSIL) and high grade squamous intraepithelial lesions (HSIL) in an effort to reduce the risk of invasive anal cancer.

IRC Procedure

The procedure takes place in the office with minimal discomfort during and after the treatment. Unlike a colonoscopy, a prep to clean out the bowels and conscious sedation are not needed.



Lidocaine gel (numbing medicine) will be applied topically to the anal area before treatment. High resolution anoscopy (HRA) will be performed to locate the abnormal areas and additional local anesthetic (numbing medicine) will be injected in the areas to be treated.

The IRC tip will be placed in direct contact with the abnormal area and deliver heat for 1.5 seconds. This will be repeated as necessary to treat pre-cancerous lesions (LSIL and HSIL) in the anus (internal) and perianal (external) area.

You may feel some heat and minor pain from the IRC probe during the procedure. The resulting dead tissue will be removed. This procedure can take up to 1 hour.

Lesions are usually treated in one office visit. Additional treatment may be required for larger lesions.

After the IRC procedure

- Recovery is fast. Avoid lifting anything more than 20 pounds for one week after the procedure.
- Avoid inserting anything into the anus for 2 weeks after the procedure (No anal sex.).
- There can be mild to moderate pain or discomfort which can be treated with pain medication (such as acetaminophen or hydrocodone—every 4-8 hours as needed.
- Frequent soaking in warm water, especially after bowel movements, can decrease the pain.

- Drinking plenty of water, using stool softeners and eating a high fiber diet (or using Metamucil) will help avoid constipation and minimize discomfort.
- Bleeding or discharge with bowel movements can occur for up to 2-3 weeks.
- Rare complications (< 1%) include infection in the anal area and severe bleeding.
- Call the office or go to your local emergency room if you develop severe pain, heavy bleeding, or fever of more than 101.

**For more information,
please contact your site
research staff.**

Follow up exam

A follow up exam is scheduled 3-12 months after the procedure.

Additional resources:

<http://www.ucsf.edu/analcancerinfo/>

<http://www.uptodate.com/>

<http://www.ucsfmedicalcenter.org/>