Surgical Consent for Ano-Rectal Procedures

Diagnosis:
You have been diagnosed with one or more of the following conditions:
- Hemorrhoids (swollen veins)
- Anal fistula (a tract from the rectum to the outside)
- Anal fissure (an ulcer in the anal canal)
- Perirectal abscess (an abscess outside the rectum)

Name of Procedure/Treatment:
- Ano-rectal surgery

Nature and purpose of proposed treatment:
- Removal of painful and/or bleeding hemorrhoidal tissue
- Repair of fistula tract-infection in perirectal area
- Repair of an anal fissure by excision or division of the sphincter muscle
- Drainage and collection of any pus and infection

Risks common to all surgical procedures:
- Injury to a blood vessel or excessive bleeding. This may require a blood transfusion.
- Infection, which may require the use of antibiotics. In rare cases, another surgical procedure may be necessary to remove the infection.
- Complications with anesthesia. This may include nausea, vomiting, or in rare cases, death.
- Tobacco use, excessive alcohol use and obesity can increase the risk of any surgical procedure or general anesthetic. Any of these factors may substantially affect healing and can result in an increase of major complications including pneumonia, wound infection, blood clots in the legs and lungs, or death.

Risks and possible complications of the proposed treatment:
- Pain after surgery, which may require the use of pain medication.
- Bleeding
- Infection that may require the use of antibiotics. In rare cases, another surgical procedure may be necessary.
- Recurrent disease which may require another surgical procedure
- Anal incontinence (loss of control of bowel movements)
- Anal strictures (scar formation, narrowing of the anus)

Risks or complications of the proposed treatment that is specific and unique to the patient:
________________________________________________________________________
________________________________________________________________________

Alternative Treatments:
- Conservative medical treatment with antibiotics, analgesics, sitz baths, dietary instructions and suppositories

Prognosis if the proposed treatment is NOT accepted:
- Progression of the disease with pain, bleeding, and infection

I understand the above information and give my consent to have the described treatment performed.

Patient Signature                                      Physician Signature

_________________________________                     __________________________________
Date                                               Date