

CONSENT FOR ANOSCOPY AND HEMORRHOID BANDING

This document helps us inform you about this procedure. Please read it carefully and address any questions or concerns you may have personally with the doctor prior to signing it.

Dr. Patrick D. Gerstenberger, Dr. Steven R. Christensen, Dr. Stuart B. Saslow or Dr. Emily K. Ward and his or her assistants are authorized to perform:

Anoscopy - Examination of the anal canal and lower rectum with a finger-sized instrument.

Biopsy or removal of anal lesion - Remove small pieces of tissue for analysis or treatment (rarely necessary).

Treatment of hemorrhoids with band ligation - Treat internal hemorrhoids with placement of small rubber bands internally.

Local anesthesia - Application of an ointment to numb the anal area and reduce discomfort

Hemorrhoid banding is frequently performed for the following reasons: treatment of symptomatic hemorrhoids causing bleeding, discomfort and pain, itching, protrusion, leakage and hygiene issues.

ALTERNATIVES: Conservative treatment may include adherence to a high fiber diet and use of fiber supplements, laxatives, warm sitz baths and topical treatments (creams and ointments). Cautery, such as infrared coagulation (IRC) may be useful in some cases though is less effective than band ligation. Surgery is recommended for some cases of high grade hemorrhoids and those that do not respond to band ligation. No treatment (living with your condition) is an option.

RISKS: The treatment of hemorrhoids with band ligation can lead to transient pain, bleeding, urinary symptoms and rare but potentially life-threatening problems with infections or blood clots.

Complications may occur even when a procedure is properly performed. Treatment of major complications may require hospitalization, antibiotics, surgery and blood transfusion.

RECUPERATION: Recuperation from hemorrhoid banding is generally complete within a few hours following the procedure. Most individuals can return to typical activities and diet at that time. Some patients may experience discomfort lasting up to several days. Minor bleeding is not unusual in the days after banding. **Increasing anal or abdominal pain, bleeding of more than a few tablespoons, fever or other signs of illness could be signs of complication of hemorrhoid banding and should be reported promptly to the on-call Digestive Health physician.** You will be provided with written instructions on discharge telling you how to contact us in the event of a problem after the procedure.

TRANSFUSION: Transfusions are rarely necessary during the hospital management of bleeding related to hemorrhoid treatment.

SUCCESS: Hemorrhoid banding is successful in a high percentage (>70-80%) of patients, though multiple banding sessions are often necessary to achieve successful relief of symptoms. Hemorrhoids may recur over time but can be retreated with band ligation if necessary.

ASSISTANTS: Registered nurses and/or technicians who are employees of the facility providing your procedure will assist the physician.

PATIENT CONSENT

I have had sufficient opportunity to discuss my condition and treatment with my physician and all of my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent to the proposed procedure. I have read and fully understand this form and I voluntarily authorize and consent to this procedure. I understand that I should not sign this form until all my questions have been answered to my satisfaction and until I understand all the words or terms on this form. I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the procedure. I have been advised that the proposed procedure may not improve my condition and may, in fact, worsen it.

X _____ Date: _____ Time: _____
Signature of Patient or Authorized Agent

Printed Patient Name

PHYSICIAN/PROVIDER DECLARATION

I have explained the contents of this document to the patient and have answered all the patient's questions, and to the best of my knowledge, I feel the patient has been adequately informed and has consented.

Physician performing procedure Date: _____ Time: _____