

ANORECTAL SURGERY CONSENT



- SURGEON:**
- Rama Jager, MD, PhD
 - Shekar Narayanan, M.D
 - Arun Gowdamarajan, M.D

I, the undersigned, give my permission to the doctors of *Colon & Rectal Care, Inc* and to an assistant surgeon as deemed appropriate by the doctor, dependent upon the procedure, to perform the procedure(s) listed below:

Please read and initial each applicable section and sign.

TYPE OF SURGERY:

Hemorrhoidectomy:

- Internal and External Hemorrhoidectomy and Anoplasty: Be aware, it may be necessary to remove only the major hemorrhoidal complexes and leave the minor complexes, which may need office treatment and at times further surgical treatment.
- External Hemorrhoidectomy
- Stapled Prolapsectomy/Proctoplasty
- Sphincteroplasty

Fissure/Fistula Surgery:

- Anal Fissurectomy with Partial Internal Sphincterotomy, which may include
- Botox Injection
- Curettage and Cauterization of Anal Fissure
- Anal Fistulectomy/Fistulotomy
- Pilonidal Fistulectomy
- Endorectal Flap/Fibrin Glue Therapy
- Surgisys Plug/Repair of Fistula

CO2 Laser:

- Photocoagulation of Internal Hemorrhoids: Be aware, this provides temporary relief from symptoms and does not eradicate or remove the hemorrhoidal tissue
- Photovaporization of Condylomata Acuminata
- Photocauterization of Anal Fissure superficial internal anal sphincterotomy

Abscess/Lesion Management:

- I&D of Abscess
- Seton: Placement Removal
- Excision of Hidradenitis
- Excision of Perianal Lesion/Ulcer
- Transrectal Excision and/or Fulguration of Tumor/Lesion
- Wound Exploration Curettage and Cauterization
- Excision and Fulguration of condylomata
- Exam under anesthesia

Incontinence Surgery: *Risks specific to incontinence related surgeries include:*

- Erosion of the device through the tissues at the level of the anus
- Malfunction of the artificial device
- Possible worsened fecal continence
- Rectovaginal fistula and/or pelvic sepsis that may require fecal diversion
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- Anal Cerclage
- Altemeier Perineal Proctectomy
- Placement of Artificial Sphincter
- Sphincteroplasty
- Rectocele repair
- STARR (Stapled Transanal Rectal Resection)

SPECIFIC RISKS: *Potential risks and complications related to the anorectal procedure listed above:*

- Bleeding, infection, non healing wound, fissure development or recurrence of symptoms which may necessitate re-operation
- Urinary bladder distention which may necessitate catheterization
- Partial loss of anal continence (loss of bowel control)
- Narrowing of anal canal which may require dilatation (stretching) of the anal canal
- Scarring or perianal skin tag formation
- Delayed wound healing

GENERAL RISKS: *Potential risks and complications related to surgery but not limited to:*

- Allergic reaction to medications
- Complications from pre-existing heart or lung disease or diabetes
- Irritation of the vein where medications were injected
- Infection requiring antibiotics
- Aspiration of saliva and or stomach contents
- Injury or death from either known or unknown causes.

CONCLUSION:

- The above stated procedure is recommended to me with the intention that it may contribute to my welfare, yet there is no assurance or guarantee that the procedure will achieve that objective.
- The nature of the above procedure, alternate modes of therapy(if applicable) and possible benefits have been discussed with me
- I am aware of the potential risks and complications related to the above procedure including but not limited to severe loss of blood, infection or cardiac arrest.
- I certify that I have read (or have had this consent read to me) and fully understand the above consent to the proposed treatment, procedure or examination or test that when the explanations were made that I had satisfactory opportunities to ask all questions of my doctor and that all blanks or statements requiring insertion or completion were filled.
- In the event that my procedure has been scheduled at Surgery Center Plus, I understand that my physician has an ownership or investment interest in the health care entity to which I am referred. I acknowledge that any questions I may have regarding such interest will be explained and discussed with me in substance in order to concur knowledgeably, within reason, in accepting his referral for treatment. Further, I understand that I may choose to be referred to another health care entity without consequence.
- I am aware that I must bring a responsible adult driver to remain at the Center during the procedure and drive me home.
- I understand that if I am on any blood thinning medications I must obtain clearance from the ordering physician.

I am aware that I may not eat, drink or smoke 8 hours prior to my arrival time for the procedure or it may be cancelled.

I am aware that I may be charged \$300.00 if I fail to provide a 48 hour notice of cancellation of my procedure.

Patient/Legal Representative Signature: _____ Date: _____

Patient's Printed Name: _____

Physician: _____

