

INFORMED CONSENT FOR SURGICAL PROCEDURES

The doctor requests that you sign this consent form before meeting with you today. This form will explain the risks that a patient assumes when they seek the services of a surgeon or a proctologist. You will have an opportunity to ask your doctor questions regarding any surgery or procedure, and you will have a right to decline any procedures before it begins.

Your doctor has asked you to consider the risks of having a surgical procedure on the gastrointestinal tract, genitals, and or procedures on your skin. Depending upon your circumstances, your doctor may recommend several surgical operations or treatments spanning several weeks. Your doctor cannot guarantee that these procedures will correct or cure your problem.

Complications from surgery or colonoscopy/endoscopy can occur. If they do occur, most are corrected easily. Risks and alternatives to having rectal surgery are as follows:

- Bleeding – It is possible for some rectal bleeding to occur with this procedure. If bleeding should occur, it usually stops by itself. Only in rare cases will a blood transfusion ever be necessary.
- Allergy - Taking the pharmaceutical, nutritional, and or botanical nutraceuticals prescribed by your physician has been shown to minimize the adverse effects of medications and anesthesia. However, it is still possible to have a life-threatening reaction to one or more drugs, including the anesthesia that you will receive during your treatment.
- Perforation – An infrequent but significant complication is a perforation. This is when a hole is made in the lining of the wall of the intestines, genitals, esophagus, or stomach.
- Urinary Retention – If this occurs, it is usually associated with an anal muscle spasm after surgery and or an enlarged prostate. This problem improves quickly during recovery. However, in extreme cases of urinary retention, catheterization by emergency room personnel may be necessary.
- AnoRectal Stenosis - A rare complication from rectal surgery is a tightening of the anal canal with the formation of excess scar tissue. If it should occur, this condition is usually corrected easily using a simple procedure to cut away and remove scar tissue. However, this can become a chronic reoccurring condition after treatment.
- Infection - Proper adherence to a prescribed diet, adequate hydration, exercise, rest, and a proper mental attitude helps your immune system function at its highest level. However, it is still possible for the postoperative site not to heal completely. Sometimes, the body cannot resist infection in the surgical wound site. This infection can form a chronic sore, localized abscess draining pus, crack, or fissure; and, in some instances, cause the whole body to become very sick. Rarely this condition can be life-threatening.
- Unforeseen complications - In addition, it is possible to have unforeseen complications that are not listed here. Some of the complications from this procedure may require major surgery; some of the complications may require blood replacement therapy; some of the complications can cause poor healing wounds; permanent disability; loss of an organ or organ function, permanent deformity; and scarring. Exceptionally, very rarely, some complications can be fatal.
- Fecal incontinence is the failure to voluntary control the anal sphincter muscles with the involuntary passage of stool or gas. This condition is rare after rectal surgery, but it can happen.
- Sensation or function of the operated area may be altered or completely lost, and asymmetry may occur.

• Alternatives - There may be alternatives to this procedure available to you, such as the use of other diagnostic tests, virtual colonoscopy, the barium enema, the barium swallow evaluation, including various forms of treatments such as repeated local injections to the problem area, or the use of rectal suppositories and other medicines. However, these alternative methods carry risks of complications and a varying degree of success. Therefore, in those patients in whom surgery, colonoscopy, or endoscopy is indicated, the recommended procedure will always be one that your physician believes provides the best chance of successful treatment combined with the lowest risk of complications.

Additionally, you have the right to ask questions and refuse any treatment. However, once a procedure or anesthesia has begun, you authorize your physician to do whatever they deem necessary. Without your prior knowledge, if any unforeseen condition arises during a procedure, your physician may call for additional diagnostic tests, procedures, operations, or medication (including anesthesia and a blood transfusion), for which there is a specific indication or need. Additionally, if medical personnel inadvertently get stuck with a sharp instrument or contaminated with your blood, your blood may be tested for infectious diseases, including HIV.

Suppose you elect to have sedation or anesthesia before an exploratory or diagnostic procedure. In that case, your consent for surgery is implied or given automatically for any condition that can be fixed or treated when under the effects of analgesia.

Your doctor may require a surgical assistant to help with your operation. Other physicians, medical students, or medical equipment personnel may also be present. You may not be notified of your doctor's decision to have such persons present during the operation.

Your doctor may frequently travel to and from places far away and may be unavailable to you in the event of a complication or an emergency. Your doctor may not have privileges at the emergency room or hospital you were referred to. Your doctor may not be the one best qualified to treat a specific post-surgical complication. Should this occur, you may need to follow up, at your own expense, to receive aftercare for your surgical procedure with unknown physicians. Or, you can arrange in advance to have another doctor perform surgical or proctology procedures, with privileges at the hospital of your choice and with the qualifications and experience you desire.

I certify that I have read or had read the contents of this form to me. I understand that there are risks and alternatives to most surgical and diagnostic procedures. I know that I am encouraged to ask questions at the time of scheduling and before the start of any surgery or practice; and that if I feel uncomfortable for any reason, I have the right to refuse treatment.

SIGNED: _____ DATE: _____

WITNESS: _____ DATE: _____