

INFORMED CONSENT FOR PROCTOLOGY PROCEDURES

The doctor requests that you to sign this consent form before he meets with you today. This form will explain the risks that a patient assumes when they seek the services of 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 is to begin.

Your doctor has asked you to consider the risks of having a surgical procedure on the anus, rectum and colon. Depending upon your circumstances, it is possible that your doctor may recommend several surgical operations or treatments spanning several weeks. Your doctor can make no guarantee that your problem will be either corrected or cured by these procedures. Complications from anorectal 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 bleeding of the rectum 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 negative effects of medications and anesthesia. However, it is still possible to have a life-threatening reaction to one or more of the medications, including to the anesthesia that you will receive during your treatment.
- Perforation – A very rare, but significant complication is a perforation. This is when a hole is made in the lining of the wall of the intestines, esophagus or stomach.
- 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; permanent deformity; and scarring. Very, very rarely, some complications can be fatal.
- Urinary Retention – If this occurs it is usually associated with 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 that can occur from rectal surgery is a tightening of the anal canal with the formation of excess scar tissue. This condition if it should occur, is usually corrected easily using a simple procedure to cut away and remove scar tissue. However, it's possible for this to 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.
- Fecal incontinence – This is the failure of voluntary control of the anal sphincter muscles, with involuntary passage of stool or gas. This condition is rare after rectal surgery, but it can happen.

• 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 as repeated local injections to the problem area, or the use of rectal suppositories and other medicines. However, these alternative methods carry their own risk 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 to refuse any treatment. However, once a procedure or anesthesia has begun, you are authorizing your physician to do whatever he/she deems 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 should inadvertently get stuck with a sharp instrument and or contaminated with your blood, your blood may be tested for infectious diseases, including HIV.

In the event the you elect to have sedation or anesthesia before an exploratory or diagnostic procedure, then your consent for surgery is implied or given automatically for any condition that can be fixed or treated during the time that you are 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. If so, then you may not be notified in advance of your doctor's decision to have such persons present during the operation.

Your doctor may be one who travels frequently to and from places far away, and may be unavailable to you in the event of a complication or an emergency. Should this occur, you may need to follow up with care for your surgical procedure with another physician who is on call, or you may have to go to the nearest hospital emergency room for care and treatment by physicians unknown. Or, you can arrange in advance to have another doctor perform proctology procedures, one who does not travel.

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

SIGNED: _____ DATE: _____

WITNESS: _____ DATE: _____