



Affix Patient Label

Patient Name:

DOB:

## Informed Consent Anorectal Manometry

This information is given to you so that you can make an informed decision about having: **Anorectal Manometry**

### Reason and Purpose of the Procedure:

Anorectal Manometry is a test performed to evaluate stool leakage, constipation or other disorders. A small, flexible tube, about the size of a thermometer, with a balloon at the end is inserted into the rectum. The catheter is connected to a machine that measures the pressure. During the test, the small balloon attached to the catheter may be inflated in the rectum. The nurse or technician may also ask the person to squeeze, relax, and push at various times. The anal sphincter muscle pressures are measured during each of these moves. To squeeze, the patient tightens the sphincter muscles as if trying to prevent anything from coming out. To push or bear down, the patient strains down as if trying to have a bowel movement.

### Benefits of this surgery:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Your doctor may be able to diagnose and treat a specific condition.
- Weak anal sphincter muscles or poor sensation in the rectum can be treated.
- You may not leak stool any longer.
- You may get relief from constipation.

### Risks of Surgery:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

### Risks of this procedure:

- Anorectal Manometry is a safe, low risk procedure and is unlikely to cause any pain.
- Complications are rare: it is possible that a perforation (tearing) or bleeding of the rectum could occur. This may require surgery.
- Equipment failure is a remote possibility and may result in rescheduling.

### Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Patient Name:

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**Risks associated with obesity:**

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

**Risks specific to you:**

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**Alternative Treatments:****Other choices:**

- Do nothing. You can decide not to have the procedure.

**If you choose not to have this treatment:**

- Your symptoms may not be properly diagnosed or treated.

**General Information**

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Anorectal Manometry**
- I understand that my doctor may ask a partner to do the surgery.
- I understand that other doctors, including medical residents or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

**Provider:** This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Relationship:  Patient/Parent of minor     Closest relative (relationship)     Guardian

**Interpreter's Statement:** I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Interpreter (if applicable)

**For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention. I have answered questions, and the patient has agreed to procedure.

Physician/Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Teach Back**

Patient shows understanding by stating in his or her own words:

\_\_\_\_ Reason(s) for the treatment/procedure: \_\_\_\_\_

\_\_\_\_ Area(s) of the body that will be affected: \_\_\_\_\_

\_\_\_\_ Benefit(s) of the procedure: \_\_\_\_\_

\_\_\_\_ Risk(s) of the procedure: \_\_\_\_\_

\_\_\_\_ Alternative(s) to the procedure: \_\_\_\_\_

**OR**

\_\_\_\_ Patient elects not to proceed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*(Patient signature)*

Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_