	Affix Patient Label
	Patient Name: _____ Date of Birth: _____

**Informed Consent  
For Incision and Drainage of Anal/Rectal Abscess**

This information is given to you so that you can make an informed decision about having **Incision and Drainage of Anal/Rectal Abscess**

**Reason and Purpose of the Procedure**

An abscess is a collection of pus that can cause swelling and inflammation. Numbing medicine is used around the area of the abscess to decrease pain. An incision (cut) is made to drain the infection. To treat an infection and drain abscess. To decrease pain and discomfort that is caused by abscess

**Benefits of this Procedure**

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.

- Decrease pain.
- Decrease the possibility of abscess coming back and stop any infection from spreading and getting worse.

**Risks of Procedure**


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**

- Bleeding
- Pain or discomfort. This can be controlled with over the counter pain medicine.
- Continued Infection and may require more treatments or antibiotics.
- Abscesses that come back. This may require another incision and drainage.
- Scarring.
- Progression to a fistula, which is uncommon.
- Allergic reaction to local anesthetic. This is rare.
- Anal incontinence including seepage or rectal urgency. This should be temporary.

**General Risks of Procedure**

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotic and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke may occur.
- Bleeding may occur. If there is too much bleeding, you may need a transfusion.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The Anesthesiologist will discuss this with you.

	Affix Patient Label	
	Patient Name:	Date of Birth:

**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.

**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**

---



---



---

**Alternative Treatments**

Other choices:

- Treat with medicine and local wound care.
- Do nothing at this time.
- You can decide not to have the procedure.
- May decide to have procedure in the operating room.

**If You Choose Not to Have this Treatment**

- Continued pain or discomfort.
- Continued swelling and skin irritation
- Continued drainage from site.
- Worsening infection may need more complex surgery.
- Infection that could spread to your whole body/
- May require emergency surgery.

**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.
- Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.



Affix Patient Label

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

Date of Birth: \_\_\_\_\_

**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: **Incision and Drainage of Anal/Rectal Abscess**
- I understand that my doctor may ask a partner to do the procedure.
- 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/product.

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

Relationship: Patient    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 patient has agreed to procedure.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Teach Back**

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 patient has agreed to procedure.

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: \_\_\_\_\_