



Affix Patient Label

Patient Name:

DOB:

Informed Consent Procedure Hemorrhoid Banding

This information is given to you so that you can make an informed decision about having **Hemorrhoid Banding**.

A thin flexible tube with a light and camera on the end is inserted into your rectum to view the hemorrhoids. The doctor may inject local anesthetic at the site. Rubber bands are placed on the enlarged hemorrhoid. The Rubber band cuts the blood supply to the hemorrhoid. In one to two weeks the hemorrhoids and the rubber band will fall off naturally.

Reason and Purpose of the Procedure

- Remove or Decrease the size of painful hemorrhoids.

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.

- To stop rectal bleeding and irritation.
- Remove hemorrhoids on the inside of the anus/rectum.
- Reduce hemorrhoid prolapse (hemorrhoids that stick out of your anus).

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.

General Risks of Procedure

- **Pain or discomfort.** This can be controlled with over the counter pain medicine.
- **Reaction to local anesthesia.**
- **Common reactions to local anesthetic include bruising, rash (hives), tenderness, itching, and swelling at the site of injection.** More serious but rare allergic reactions can include difficulty in breathing and shock which can be life-threatening.
- **Difficulty with bowel movements.** This is temporary.
- **Symptoms may not be relieved and the hemorrhoids may return.** This may require surgery, medicine or other treatment.
- **Infection.** This is rare but may require antibiotics or further surgery.

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 diet changes.
- You can decide not to have the procedure.
- May require a Hemorrhoidectomy.
- Do nothing at this time.
- Procedure can be done under anesthesia.

If you choose not to have this treatment

- Continued bleeding or irritation.
- 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.

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: **Hemorrhoid Banding**
- 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: _____