	Affix Patient Label	
	Patient Name:	Date of Birth:

Informed Consent
Application of Trichloroacetic Acid for Treatment of Anal Condyloma

This information is given to you so that you can make an informed decision about having **Application of Trichloroacetic Acid for Treatment of Anal Condyloma**.

This procedure is done to treat anal condyloma or anal warts. A small amount of trichloroacetic acid is placed on the end of an applicator and then gently dabbed on the wart. The wart turns white and will fall off within a couple of days. Depending on the number of warts, this could require more than one treatment.

Reason and Purpose of the Procedure

- To stop the growth and spreading of anal condyloma.
- To relieve rectal itching, discomfort or pain.

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.

- Relief from rectal itching, discomfort or pain.

Risks of This 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.


- **Pain or Discomfort.** You may need over the counter pain medicines.
- **Infection.** You may need antibiotics.
- **The anal warts may come back.** You may need additional treatment.
- **Reaction to Trichloroacetic acid.** This may cause burning and pain at the site. This can be treated with pain medicine and soaking.

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.

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Risks Specific to You

Alternative Treatments:

Other choices:

- Do nothing at this time.
- You can decide not to have the treatment.
- Some forms of Condyloma may be treated with surgery. Your Doctor will discuss this with you if it is an option for you.

If You Choose Not to Have this Treatment

- You may have continued pain and discomfort.
- Condyloma may grow and spread.
- You may need more extensive treatment or 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: **Application of Trichloroacetic Acid for Treatment of Anal Condyloma**
- 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: _____