

Tequesta Family Practice

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CONSENT FOR PROCEDURE

I give consent for the following procedure:

Hemorrhoidal banding

to be done for Testyapatient, Testyapatient.

I understand that this procedure will be performed by

R. J. Oenbrink, DO

and whomever is chosen to assist with the procedure.

I have received and understand an explanation of the procedure and its risks which include:

1. Pain; a dull ache for 2 days may occur.

2. Bleeding can occur 1-2 weeks after the procedure when the banded hemorrhoid „falls off“.

3. Thrombosis of involved external hemorrhoid which will present as pain and will need additional treatment.

4. Infection which rarely occurs, please call immediately if fever, swelling, difficult or unable to urinate should occur

I consent to the disposal of any tissue, fluid or material that may be obtained during the procedure. I consent to any x-rays or laboratory tests that may be needed after the procedure.

DATE:01/16/2011

SIGNATURE: _____

RELATIONSHIP if other than self: _____

WITNESS: _____

Information:

Hemorrhoids are a very common problem. Hemorrhoids are nothing more than enlarged veins. Why they occur in the lower legs, we call them varicose veins. When they occur in the rectum, they are hemorrhoids or "piles." There are many ways to treat hemorrhoids.

The First Visit

In the past, people would simply tolerate most hemorrhoids until they became so bad that surgery needed. Modern techniques have eliminated the need for surgical excision (cutting out) of hemorrhoid except in the most advanced cases. You may have heard of the Baron ligation technique, which in, putting a small rubber band around the hemorrhoids. This method has been used for many years. less painful than surgery and can be performed in the physician's office. Laser techniques have al: been used. More advanced techniques using infrared coagulation, radiofrequency, and low-dose electricity are available. They frequently provide excellent results with even less pain and less complications

Types of Hemorrhoids

Internal hemorrhoids: Hemorrhoids that start above the pectinate line. These hemorrhoids are easy treat because they start in an area where there are no pain fibers. The "line" is visible to the physic during the examination.

External hemorrhoids: Hemorrhoids that start below the pectinate line. These hemorrhoids are more difficult to treat because they start in an area that has pain fibers.

Mixed hemorrhoids: Hemorrhoids that are actually a combination of the previous two types.

Thrombosed hemorrhoids: Hemorrhoids that have developed a small blood clot inside the vein. Th clots do not cause any major problems and are not dangerous. Rather, these small clots just cause severe pain. If you develop very severe discomfort, then you probably have a small clotted hemorrhoids These are easily treated in the office by simply removing the clot.

Prolapsed hemorrhoids: Many times a hemorrhoid will protrude through the anus. Many people will these external hemorrhoids but that is not technically correct. Hemorrhoids are classified as intern external, based on where they start. Usually hemorrhoids that protrude out through the anus have base above the pectinate line, so they actually are internal hemorrhoids. Sometimes these prolapse hemorrhoids will come down and then go back up; and other times, they will stay down.

Skin tags: Oftentimes even after the hemorrhoid or vein is gone, the stretched skin that was over it remain as a skin tag or an accumulation of loose, stretched out skin. Many people are bothered by tags, which are not painful, but make it difficult to keep the area clean.

Each different type of hemorrhoid problem requires a different type of approach. Depending on the problem that you have, a particular instrument will be used for the treatment.

Types of Treatment *Surgery* is reserved for only the most advanced cases of hemorrhoids. Surgery is performed in the pital operating room with the patient under general anesthesia.

Rubber-band ligation is still used frequently by many physicians to treat many types of internal hemorrhoids. It is also known as *Baron ligation*

Preparation for the Visit

It might be best if you could take it easy for a couple of days after the procedure. Before coming in for the procedure, administer an enema (Fleet enemas are available without prescription) approximately an hour before the planned surgery. Hold the enema for 5 to 10 minutes then expel it. After the procedure, expect some weeping from the area and some soreness for up to several weeks. You should be able to do most normal activities within a few days. Often little or no pain medication is needed.

If you would like to play it safe, you may take three ibuprofen 200 mg tablets about an hour before (coming to the office. You might want to schedule the procedure later in the day so that you do not have go back to work. You may want to take a stool softener such as Colace, or a bulk laxative such as Metamucil or Citrucel, for a few days before the procedure. You just need enough to keep the stool soft. remember to drink plenty of water. You will probably want to continue this regimen for a week or so the procedure.

Postprocedure Care

After any hemorrhoid procedure, it is very important that you maintain a high bulk diet (a lot of fruits vegetables, bran, etc.) so that your stool remains soft. Drink at least four to five glasses of water pe You may use suppositories, if desired. Sitz baths are beneficial: simply sit in a hot bath for 20 to 30 minutes three or four times per day. It may help to apply an ointment such as Preparation H after bathing and to keep the areas from rubbing together. Your doctor may prescribe some Silvadene cream, benzocaine, or lidocaine ointment. Use them as directed. Ice bags may also help relieve the discomfort. Complications include pain, bleeding, infection, return of the hemorrhoids, and failure of

the treatment itself so that the hemorrhoids persist.

Post-Procedure Care:

1. Take a *sitz bath* (soaking in a tub) for 20 to 30 minutes three or four times a day for the next 2 or 3 days if needed.
2. You may apply witch hazel or Balneol cream to the rectal area between as needed for dryness or local irritation.
3. After you have a bowel movement, clean the area with a moistened tissue with a Tucks pad. Baby wipes are cheaper and probably just as effectively. Blot the area dry, and apply a small amount of Balneol with a tissue.
4. Eat a *high fiber diet* (bran, fresh fruit, and vegetables). Continue this habit forever. *Drink* lots of fluids.
5. Until the rectal area is completely healed, use a stool *bulking agent* or a softener daily to keep your bowel movements very soft. Examples include Metamucil, PerDiem Plain, Fibermed, Naturacil, Konsyl, Colace 100 mg capsules, or Surfak 240 mg capsules. Follow the directions on the package.
6. You may have some swelling and weeping of the tissues that have been treated. You can use a sanitary pad to absorb the drainage.
7. Note that slight *blood-tinged drainage* is normal. You may actually have bleeding for 3 to 7 days after the procedure. Unless bleeding is severe, should really be no worry. Call your physician if you are concerned. Bleeding may also occur 7 to 14 days after the treatment when the scab comes off.
8. Call if you begin running a fever or notice redness or swelling past the if anytime after the procedure is done. Also call if you are *unable to urinate*.
9. The swollen tissue inside the rectum can often cause a false sensation of an urge to move the bowels. Avoid *prolonged straining* and do not take enemas for at least 10 days after the procedure. The enema tube could damage tissue and cause bleeding.
10. Use acetaminophen 1000 mg (2 Extra Strength Tylenol) or ibuprofen 60 (3 Advil 200 mg) every 6 hours as needed for pain (if OK with your doctor).
11. Please make a follow-up appointment for approximately 3 to 4 weeks from the day your procedure was performed.
12. After any of these procedures, if you have extreme pain, excessive bleeding, difficulty urinating, or develop fevers, chills, or sweats, call your physician immediately. You should make an appointment for a follow-up visit in 4 weeks.