



Queensland
Government

Haemorrhoidectomy – Stapled Consent

Adult (18 years and over)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Does the patient have capacity?

Yes → **GO TO section B**

No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

B. Is an interpreter required?

If yes, the interpreter has:

provided a sight translation of the informed consent form in person

translated the informed consent form over the telephone

Name of interpreter:

Interpreter code:

Language:

C. Patient/substitute decision-maker requests the following procedure(s)

Haemorrhoidectomy – stapled

D. Risks specific to the patient in having a haemorrhoidectomy – stapled

(Doctor/clinician to document additional risks not included in the patient information sheet):

E. Risks specific to the patient in *not* having a haemorrhoidectomy – stapled

(Doctor/clinician to document specific risks in not having a haemorrhoidectomy – stapled):

F. Alternative treatment options

(Doctor/clinician to document alternative treatment not included in the patient information sheet):

G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

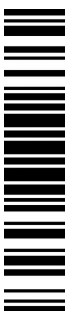
Designation:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

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SW9091

HAEMORRHOIDECTOMY – STAPLED CONSENT



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Adult (18 years and over)

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URN:

Family name:

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H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the “Haemorrhoidectomy – stapled” patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative treatment options
- that there is no guarantee the procedure will improve the medical condition
- that the procedure may involve a blood transfusion
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during surgery, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

I/substitute decision-maker have received the following consent and patient information sheet(s):

- “Haemorrhoidectomy – stapled”
- “Regional anaesthesia (nerve block) for your procedure”
- “Epidural and spinal anaesthesia”
- “Fresh blood and blood products transfusion”

On the basis of the above statements,

1) I/substitute decision-maker consent to having a haemorrhoidectomy – stapled.

Name of patient/substitute decision-maker:

Signature:

Date:

2) Student examination/procedure for professional training purposes:

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient/substitute decision-maker consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s) Yes No
- assist with examination(s)/procedure(s) Yes No
- conduct examination(s)/procedure(s) Yes No

Haemorrhoidectomy – stapled

Adult (18 years and over) | Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.



1. What is a haemorrhoidectomy – stapled and how will it help me/the patient?

Haemorrhoids are distended blood vessels that form either externally (around the anus) or internally (in the lower rectum). They look like a cluster of veins.

A stapled haemorrhoidectomy is a surgical procedure that involves the removal of abnormally large haemorrhoidal and lax supporting tissue. The remaining mucosa (lining) is repositioned back into the anal canal. A surgical circular stapler is used to remove a circular strip of mucosa (lining) from the anal canal. The lower and upper parts of the mucosa are stapled together so there is no open wound. The staples are left permanently in the body.

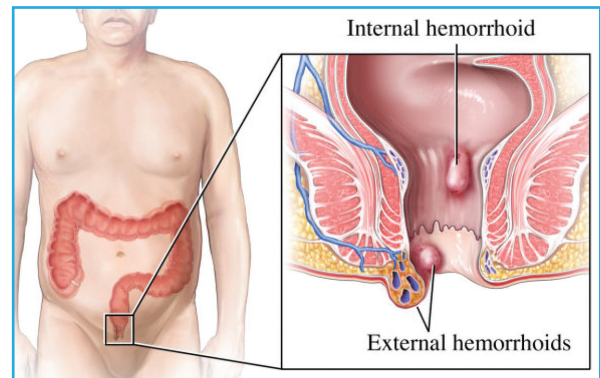


Image 1: Internal and external haemorrhoid.
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2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

Common risks and complication

- pain and bleeding may not resolve completely following surgery
- there may be difficulty passing urine and a catheter may have to be inserted into the bladder
- the tissues around the anus may swell and bruise considerably
- blood may be passed with bowel actions for some days after the operation
- heavy bleeding from the haemorrhoid wound may occur immediately after surgery or one to two weeks later needing further treatment
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- skin tags may remain after the surgery which may require further treatment
- the anus may scar up in the years to come and cause a stricture (i.e. narrowing of the back passage)

- following this procedure, it is not recommended to engage in anal intercourse due to the risk of injury to yourself and your partner. There may be a risk of condom breakage leading to the possibility of a sexually transmissible infection. Please discuss this type of procedure with your doctor/clinician if you have concerns about the risks
- infection of stapled area may occur. This may be treated with antibiotics
- more haemorrhoids may occur in the future
- increased risk in smokers of wound and chest infections, heart and lung complications, and thrombosis
- increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis
- small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.

Uncommon risks and complications

- anal fissure (anal ulcer) may result from failure of one of the wounds to heal adequately
- incontinence of faeces or flatus (wind) which may be temporary or permanent
- an abnormal connection (fistula) may form between the anus and the vagina in females. This may require further treatment
- heart attack or stroke could occur due to the strain on the heart
- blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

Rare risks and complications

- extensive skin necrosis and infection around the area requiring further surgery
- death as a result of this procedure is possible.

This procedure will require an anaesthetic.

For more information about the anaesthetic and the risks involved, please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with the doctor/clinician.

If you have not been given an anaesthetic information sheet, please ask for one.

What are the risks of not having a haemorrhoidectomy – stapled?

There may be consequences if you choose not to have the proposed procedure/treatment/investigation/examination. Please discuss these with the doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure/treatment/investigation/examination. Please contact the doctor/clinician to discuss.



3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician before signing the consent form.



4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.



5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination. This could be a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure/treatment/investigation/examination.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.