Patient information and consent to lateral internal anal sphincterotomy for anal fissure

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you any medications you use and its packaging (including patches, creams, inhalers, insulin and herbal remedies) and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call the colorectal specialist sisters on telephone number 01223 217923 if you have any questions or concerns about this procedure or your appointment.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the responsible health professional, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.
About surgery for anal fissure

Your surgeon has recommended that you undergo an operation for anal fissure. A fissure is a split in the skin at the opening of the anus, leaving exposed some of the muscle fibres of the anal canal.

Pain results from recurrent opening of the wound when the bowels are open and this is often accompanied by bleeding. In addition, the inner circle of muscle in the anal canal (called the internal sphincter) goes into spasm this makes the pain worse and can prevent healing.

Intended benefits
To enable healing of the anal fissure.

Who will perform my procedure?
This procedure will be performed by a suitably qualified and experienced surgeon, or a trainee surgeon under the direct supervision of a suitably qualified and experienced surgeon.

Before your procedure
This procedure is often performed as a day-case procedure under a brief general or regional anaesthetic. See below for further details about the types of anaesthesia we shall use. If you have your surgery as an inpatient then you will be invited to attend a pre-admission clinic. You will be seen by one of the house officers (junior doctors) or specialist nurses attached to the Colorectal Unit.

At this clinic, we record details of your medical history and carry out any necessary clinical examinations and investigations. This is an opportunity for you to ask questions about your admission.

You will be asked if you are taking any tablets or other types of medication - these might have been prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring with you details of anything you are taking (for example, please bring the medication and packaging with you).

Prior to your admission you should be on a high fibre diet and a fluid intake of at least six to ten glasses of water daily to keep your bowel motion soft. Owing to the painful nature of a fissure you will not be given an enema or suppositories before the operation.

Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery.
Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

It may be necessary during the procedure to shave another area of your body e.g. your thigh to allow attachment of a pad for the diathermy machine (used to seal blood vessels), so that the pad sticks to your skin to achieve the best and safest performance.

**During the procedure**

At the start of your procedure, you will be given the necessary anaesthetic and/or sedation - see below for more details. The operation is called internal sphincterotomy. This means that a part of the internal sphincter muscle is cut. The cut relieves the tension of the muscle and allows the fissure to heal. Occasionally a polyp can develop at the edge of a long-standing fissure and this may be removed at the same time.

It is not usually necessary to remove or suture (stitch) the fissure itself.

**After the procedure**

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

After certain major operations you may be transferred to the intensive care unit (ICU/ITU), high dependency unit (HDU), intermediate dependency area (IDA) or fast track/overnight intensive recovery (OIR). These are areas where you will be monitored much more closely because of the nature of your operation or because of certain pre-existing health problems that you may have. If your surgeon or anaesthetist believes you should go to one of these areas after your operation, they will tell you and explain to you what you should expect.

**If there is not a bed in the necessary unit on the day of your operation, your operation may be postponed as it is important that you have the correct level of care after major surgery.**

**Eating and drinking.** You may eat and drink normally, and, as before your procedure, we recommend a high fibre diet and fluid intake of at least six to ten glasses of water daily.
Getting about after the procedure. We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. We will encourage you to get up and walk around within one to two hours of your operation.

Leaving hospital. Discharge from hospital will be the same day (for planned day-case surgery) or the following day.

Resuming normal activities including work. After a few days, provided you feel comfortable, there are no restrictions on activity and you may lift, drive and go back to work.

Special measures after the procedure
Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.

Internal sphincterotomy is a very simple operation and many patients have less pain after their operation than before. However, in order to minimise the discomfort, a number of measures are available:
- at the time of surgery, local anaesthetic will be injected. This will provide pain relief for much of the day.
- after surgery you will be given painkillers to take by mouth.
- you may have **sitz baths** (a 15 minute bath in water as warm as you can tolerate) several times daily or as often as you require them. These are very soothing and provide several hours of pain relief.
- it may be painful to open the bowels on the first couple of occasions after the surgery. A high fibre diet is recommended during this time. If you are unable to open your bowels due to discomfort, it would be advisable to take a gentle laxative to help make it easier.
- you may continue to use glyceryl trinitrate or diltiazem creams if they have already been prescribed.

Bowel function
You should expect to have your bowels open within one to three days and this may be uncomfortable at first. A small amount of bleeding is possible. Over the first few weeks you may notice some change in your ability to control wind from the back passage; in most cases this will resolve completely but in a small proportion it can be permanent (see risks section below).

Check-ups and results: Before you leave hospital, we will give you an appointment for an outpatient clinic or for the results of your surgery. At this time, we can check your progress and discuss any further treatment.
Significant, unavoidable or frequently occurring risks of this procedure

Internal sphincterotomy is generally a very safe operation with few risks, but, as with any surgical procedure, complications can occur. The risks can occur due to surgery in general, the risks particularly associated with anal surgery and the risks of anaesthetic.

The most important possible risk associated with internal sphincterotomy is that of alteration in continence. Any surgery to the muscles controlling the anus can change the ability to control the bowels. Although this operation involves only a small cut in one of the two muscles of the anus, some people suffer difficulty in control of wind after the procedure. In very rare instances the degree of incontinence can be more serious. Women are more at risk of such side effects than men, but for both sexes we generally recommend surgical treatment of fissures only after other medical treatments have failed, to minimise the exposure to risk of incontinence.

In the period following your operation you should contact the ward or your GP if you notice any of the following problems:

- increasing pain, redness, swelling or discharge
- severe bleeding
- constipation for more than three days despite using a laxative
- difficulty in passing urine
- high temperature over 38º or chills
- nausea or vomiting.

If you suffer from urinary symptoms due to a large prostate you might be at increased risk of urinary problems after surgery.

Alternative procedures that are available

Surgery is usually recommended only after non-surgical treatments (GTN and diltiazem anal creams and botox injection) have failed. One alternative surgical procedure is that of anal stretch. Stretching the anal muscles aims to do the same as a sphincterotomy but we do not recommend it as it is difficult to judge how much stretching is required and there is a higher risk of incontinence. Another alternative surgical procedure is injection of Botox to relax the sphincter muscle with excision of the fissure to allow healing. Your surgeon will discuss this option with you if it is suitable for your problem.

Information and support

If you have any questions or anxieties, please feel free to ask a member of staff including the doctor or ward staff. If you have further questions please contact one of the Colorectal Specialist Sisters on telephone number 01223 217923.
Anaesthesia

Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness. Sometimes different types of anaesthesia are used together.

Before your operation

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

Pre-medicatin

You may be prescribed a ‘premed’ prior to your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.

Moving to the operating room or theatre

You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.
General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

Regional anaesthesia

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.

Local anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain, the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.
What will I feel like afterwards?
How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of anaesthesia?
In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

Very common (1 in 10 people) and common side effects (1 in 100 people)
Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
Itching
Aches, pains and backache
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss

Uncommon side effects and complications (1 in 1000 people)
Chest infection
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications
Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure
Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: www.rcoa.ac.uk

Information about important questions on the consent form

1 Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue
As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.
If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.

Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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Anal fissure, CF0131, V7, September 2015
Consent Form

Lateral internal anal sphincterotomy

A Patient’s side left / right or N/A

Consultant or other health professional responsible for your care

Name and job title: 

☐ Any special needs of the patient (e.g. help with communication)? 

Please use ‘Procedure completed’ stamp here on completion:

B Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital’s consent policy. I have explained the procedure to the patient. In particular, I have explained:

   a) the intended benefits of the procedure (please state)
      
      To enable healing of the anal fissure

   

   b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

      Full details are set out in the information leaflet and include:
      
      • risks of surgery in general
      • alteration of continence
      • difficulty in control of wind.

   c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:

For staff use only:
Hospital number: 
Surname: 
First names: 
Date of birth: 
NHS no: _ _ _ / _ _ _ / _ _ _ 
Use hospital identification label
Lateral internal anal sphincterotomy

2 The following information leaflet has been provided:

Lateral internal anal sphincterotomy

Version, reference and date: Version 7, CF0131, September 2015

or  I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:

☐ General and/or regional anaesthesia  ☐ Local anaesthesia  ☐ Sedation  ☐ None

Signed (Health professional): .......................................................... Date: D.D./M.M./Y.Y.Y.Y.

Name (PRINT): .......................................................... Time (24hr): H.H.:M.M.

Designation: .......................................................... Contact/bleep no:

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional. ☐ Yes  ☐ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. ☐ Yes  ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. ☐ Yes  ☐ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training. ☐ Yes  ☐ No
Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ........................................................................................................ Date: __/__/____
Name of patient (PRINT): ..........................................................................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.
Signed: ........................................................................................................................... Date: __/__/____
Relationship to patient: ................................................................................................

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): ....................................................................................................... Date: __/__/____
Name of witness (PRINT): ..........................................................................................
Address: .........................................................................................................................
Consent Form

Lateral internal anal sphincterotomy

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ............................................ Date: ...D./.M./Y.Y.Y.Y.Y.

Name (PRINT): ................................................................. Job title: ..............................................................

Please initial to confirm all sections have been completed:

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ..................................................... Date: ...D./.M./Y.Y.Y.Y.Y.

Name (PRINT): ..............................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): .......................................................... Date: ...D./.M./Y.Y.Y.Y.Y.

Signed (Health professional): ......................................... Date: ...D./.M./Y.Y.Y.Y.Y.

Name (PRINT): ............................................................. Job title: ..............................................................

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

Anal fissure, CF0131, V7, September 2015