Patient information and consent to minor anorectal surgery (skin tags, fibroepithelial polyps, external haemorrhoids and warts)

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 all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Simple painkillers such as paracetamol and ibuprofen may be required after surgery. Simple bowel medication such as senna and lactulose may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.

- 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.

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 health professional responsible for your care, 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.

Minor anorectal surgery, CF137, V8, December 2018
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 minor anorectal surgery**

Your surgeon has recommended that you undergo minor surgery of the anal skin, anal canal or rectum.

This type of surgery deals with a variety of lumps around the anus. Anal skin tags, fibroepithelial polyps and external haemorrhoids are all benign lumps which may occur around the outside of the anus (back passage). They may occasionally itch, bleed or interfere with anal hygiene. Warts can occur anywhere on the body, including the genital and perianal areas. Warts may be treated with medicines applied directly to the affected area, but may also be surgically removed. Although most of these conditions are relatively minor, they occur in a sensitive area of the body, and so some form of anaesthetic is required in order to remove them surgically.

**Fibroepithelial polyps**

These are firm fleshy mobile lumps that usually arise from just within the anal canal. There are usually simple to remove and do not tend to recur. There should not be much pain after surgery and the recovery is quick.

**Skin tags**

Skin tags are simple to remove, but because of the sensitivity of the anal skin it can be quite uncomfortable whilst healing. Sometimes the wound is closed with an absorbable suture but it is often left open. Infection is common because of the position of the wound and this means healing may take several weeks. Skin tags in the midline (front or back of the anus) are most at risk of slow healing and can sometimes result in a fissure forming – this can be painful and needs specific treatment. During the healing process the skin may heap up a little either side of the wound and this can result in some irregularity of the skin when it is fully healed.

**Anal warts**

Warts can occur on the skin around the anus and just within the anal canal. Surgery involves either removal of the warts or cauterisation. It is important to remove all the warts otherwise they can recur. When there are extensive warts this may take more than one operation to deal with them.

**Intended benefits**

To treat the problem that is causing your symptoms.
Who will perform my procedure?
This procedure will be performed by a suitably qualified and experienced surgeon, a surgical practitioner, or a trainee surgeon under the direct supervision of a suitably qualified and experienced surgeon.

Before your admission
Most minor anorectal surgery can be performed as a day case, though occasionally other medical factors or social circumstances make it necessary to stay in the hospital.

Before your operation you will need to attend the pre-assessment clinic, which is usually run by specialist nurses, occasionally this process can be conducted by telephone. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

You may have a blood test and ECG performed, and also swabs for MRSA.

This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

Day of surgery admission
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. Just before surgery the nurse may give you an enema to empty the bowel.

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 details of this.

The surgery depends on your particular problem. If tissue is removed, there will either be one or more small open wounds or the skin will be closed with absorbable stitches. Apart from protective gauze, no special dressings are normally required. Healing in this area is not affected by bowel actions.

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.

**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.** Within one to two hours of your operation, you will be encouraged to get up and walk around. This helps improve your recovery and reduces the risk of certain complications. If you have any mobility problems, we can arrange nursing or physiotherapy help.

**Leaving hospital.** Discharge from hospital will be the same day, (for planned daycase surgery). You may be given a copy of your discharge summary which contains documentation relating to your admission. We will give you any necessary tablets or medicines to take home with you – for example, painkillers and laxatives.

**Resuming normal activities including work.** Once over the immediate effects of the anaesthetic (after 24hours) and provided you feel comfortable, there are no restrictions on activity; you may lift, drive and go back to work when you feel able.

**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.
Patient Information

Pain relief and wound care
In order to minimise the pain associated with your operation, a number of measures will be taken:

- at the time of surgery, local anaesthetic is usually injected. This will provide pain relief for much of the day
- you will be given painkillers to take by mouth
- you may be given a laxative for two weeks after the operation to prevent constipation
- 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 is not necessary to have special dressings after anorectal surgery. There may be some ooze from the wound and so a pad in your underwear is advisable. You may wash normally as often as you like. If sutures have been used they will eventually disintegrate or sometimes fall out. Do not be alarmed if there is some redness and/or separation of the skin edges of a wound.

**Check-ups and results**: if required we will send you a follow-up appointment for the clinic, usually at between six and eight weeks after the surgery. At this time, we can check your progress and discuss any further treatment. Your surgeon usually writes to you and your GP with the histology (pathological analysis) of any tissue removed during your surgery.

Significant, unavoidable or frequently occurring risks of this procedure
Minor anorectal procedures are generally very safe with few risks, but, as with any surgical procedure, complications can occasionally occur. The risks can occur due to surgery in general, the risks particularly associated with anal surgery and the risks of anaesthetic.

Therefore, in the period following your operation you should contact your GP or the ward 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 38° 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**
Warts can sometimes be treated with topical medications.

There are no other non-surgical alternatives to this recommended treatment.

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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, or 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-medication
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, spinal s, 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.

**Spinal or caudal anaesthetic**

For some operations on the rectum/anus, a spinal anaesthetic can be used instead of a general anaesthetic. A spinal anaesthetic may be safer for some patients and be a more suitable anaesthetic than a general anaesthetic.

**What is a spinal?** A local anaesthetic is injected through a very fine needle into the small of your back. This will numb the nerves around your bottom and the back of your legs. Normally you will also have some light sedation so that you are not so aware of the operation. The amount of sedation can be adjusted so that you are not anxious and have reduced awareness without being unconscious. You should not feel any pain during the operation but you may be aware of other sensations.
Advantages of spinal anaesthesia
There may be:
- less strain on the heart and lungs
- reduced sickness and vomiting
- excellent pain relief immediately after surgery
- less risk of injury when you are put into the position for your surgery

After your spinal: You will return to the ward and can normally drink fluids and eat a light diet within an hour of the operation. You will remain in bed until you have full muscle power back in your legs. Please ask for help when you first get out of bed.

As sensation returns you may experience some tingling in the skin as the spinal wears off. If you become aware of some pain from the operation site then you should take some pain relief. You should tell the ward staff about any concerns or worries that you have.

Side effects and complications: As with all anaesthetic techniques there is a possibility of unwanted side effects or complications.

Uncommon side effects include:
- headache – when the spinal wears off and you begin to move around there is a risk of developing a headache
- difficulty passing water (urinary retention) – you may find it difficult to empty your bladder normally as long as the spinal lasts. Your bladder will work normally when the spinal has worn off.
- pain during injection – occasionally you may feel pain or ‘pins and needles’ in your legs or bottom during the injection. You should tell your anaesthetist immediately as this may indicate irritation or injury to a nerve and the needle will have to be repositioned.

Rare complications:
Nerve damage – This is a rare complication of spinal anaesthesia. There may be temporary loss of sensation, pins and needles and sometimes muscle weakness that may last for a few days or even weeks but almost all of these make a full recovery in time. Permanent nerve damage is even more rare and has about the same chance of occurring as major complications of general anaesthesia.

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.
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 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 or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk.
Patient Information

Minor anorectal surgery

A Patient’s side XXXXXXX 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)

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 remove the problem that is causing your symptoms .............................................................

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 and include:

- bleeding .............................................................
- pain .............................................................
- delayed healing .............................................................
- development of a fissure .............................................................
- irregularity of skin on healing .............................................................

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
Consent Form

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2 The following information leaflet has been provided:

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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
4 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. □ Yes □ No

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. □ Yes □ No

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: D.D.M.M.Y.Y.Y.Y.
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: D.D.M.M.Y.Y.Y.Y.
Relationship to patient:

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


Consent Form

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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: ..................................................

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: ..................................................

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: ..................................................

Signed (Health professional): .................................................. Date: ..................................................

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