Patient information and consent to doppler-guided haemorrhoidal artery ligation

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.

- Laxatives and painkillers may be required after your hospital stay; please ensure you have appropriate supplies at home.

- 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. Do not take any medications used to treat diabetes.

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. 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.
Doppler-guided haemorrhoidal artery ligation, CF416, V3, January 2017
About doppler-guided haemorrhoidal artery ligation

Your surgeon has recommended that you undergo an operation to treat your haemorrhoids (piles). Surgery is required to treat some types of haemorrhoids, or where other forms of treatment have not been able to control the symptoms.

Haemorrhoids are small, blood-filled cushions located just inside the back passage (internal haemorrhoids) but can sometimes form outside the anus (external haemorrhoids). Problems with haemorrhoids are very common, but the symptoms often disappear without any treatment. Haemorrhoids may cause bleeding from the back passage, anal discomfort or itchiness, discharge of mucus, or prolapse/protrusion with a lump coming through the anus.

Very occasionally, blood clots inside a haemorrhoid and causes a painful hard lump on the outside of the anus (thrombosed external haemorrhoid). Risk factors for developing haemorrhoids include straining to have your bowels open, constipation, low fibre diets, obesity and pregnancy. The main ways to avoid having problems with haemorrhoids are to eat a high fibre diet and to avoid straining.

Doppler-guided haemorrhoidal artery ligation is a minimally invasive procedure that treats symptoms of bleeding and prolapse/protrusion, without cutting any tissue away. It is associated with minimal discomfort afterwards, with a return to normal activities usually within 48 hours. It is not appropriate for treating large external haemorrhoids on the outside of the anus (anal skin tags).

When you are seen in the outpatient clinic by the surgeon, the operation will have been explained to you and you may have the date of the operation agreed at that time. Often, the same day as your clinic visit, you will be seen in the pre-assessment clinic so that all the arrangements that need to be set in place before the operation are taken care of. The next time you will attend the hospital is likely to be for the operation itself. You are very likely to be admitted on the day of surgery. You can ask any further questions then so that you are clear about the surgery.

Intended benefits

The aim of this procedure is to treat symptoms of haemorrhoids (piles), principally bleeding and prolapse/protrusion. Because there are no cuts on the outside, there is minimal discomfort afterwards, generally lasting only 24 to 48 hours. This allows a faster return to normal activities than more traditional methods of removing haemorrhoids (haemorrhoidectomy). In addition, as no tissue is cut away, there is no risk of impaired control/incontinence. Research suggests that success rates for controlling bleeding two years after this type of surgery are 90%, and 80% for prolapse/protrusion.
Who will perform my procedure?

Your surgery will be performed by a surgeon with appropriate experience – usually a consultant or senior specialist registrar. A more junior surgeon in training may carry out the procedure but only under supervision of a more experienced surgeon.

Before your procedure

Most patients attend a pre-admission clinic, when you will meet specialist nurse or junior doctor. 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.

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.

Most people who have this type of procedure have it performed as a day-case procedure. You may need to stay overnight if you have other medical problems. Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.

You will be admitted on the day of your surgery. Just before the surgery, a nurse will give you an enema in order to empty the lower 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 for example 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

Before your procedure, you will be given the necessary anaesthetic and/or sedation - see below for details of this.
During the procedure, a specialised instrument (doppler-guided proctoscope) is used to accurately identify the blood vessels supplying the haemorrhoids. A series of stitches are then placed to tie-off these blood vessels, thereby reducing the amount of blood going in to them. This is how bleeding is treated. Secondly, any prolapsing haemorrhoids are stitched back up inside, rather than cutting the tissue away. This is how prolapse (protrusion) is treated. There are no cuts on the outside, and no stitches to be removed. A dissolvable dressing may be placed inside the anus at the end of the procedure. This will dissolve over several hours, and appear as a white fluid when your bowels work after the operation.

**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 or to the discharge lounge.

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.

- **Eating and drinking.** After this procedure you may eat and drink normally, and 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; within a few hours of your operation we will encourage you to get up and walk around without assistance. 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 generally be the same day (for planned daycase surgery) or occasionally the following day. You should expect to have your bowels open within one to two days. This may be uncomfortable at first. Please use the laxative you will be given to help reduce any discomfort on having your bowels open.

  The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor’s opinion.

- **Resuming normal activities including work.** Most people who have had this procedure can resume normal activities within 24 to 48 hours. You might need to wait a little longer before resuming more vigorous activity. When you will be ready to return to work will depend on your usual health, how fast you recover and what type of work you do. Please ask your doctor for his/her opinion.

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**Special measures after the procedure:** A small amount of bleeding and some mild discomfort is expected. Provided you feel comfortable, there are no restrictions on activity and you may lift, drive and go back to work. You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems.

In the period following your operation you should contact 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.

**Check-ups and results:** Before you leave hospital, we will give you details of when/if we need to see you again, for example in an outpatient clinic.

**Significant, unavoidable or frequently occurring risks of this procedure**

Doppler-guided haemorrhoidal artery ligation is generally a very safe operation with few risks, but, as with any surgical procedure, complications do occasionally occur; about 1 in 100 (1%) patients need to have a second anaesthetic to attend to a complication.

Immediately after the operation, a few patients find it difficult to pass urine and a catheter may be required to empty the bladder. Around 1 in 100 (1%) patients experience more bleeding than usual and this may need re-admission to hospital for observation or, rarely, another operation. Infection is very rare.

Other potential risks include a tear in the lining of the back passage (anal fissure), which may occur in 1-2 in 100 (1-2%) patients but generally heals on its own. A thrombosed pile on the outside of the anus occurs in approximately three patients in 100 (3%), but again, this generally goes away on its own after a week or two. In the long term, recurrence of some symptoms may occur in 10-20% of patients, although the procedure can be repeated if required.

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

Doppler-guided haemorrhoidal artery ligation is generally recommended when outpatient treatment has failed or is not suitable. Removing the haemorrhoids by cutting them away (haemorrhoidectomy) remains the gold standard procedure for treating haemorrhoids (piles), but is associated with significant pain and discomfort afterwards. In addition, the scars from a standard haemorrhoidectomy can sometimes allow a little mucus or faeces to discharge from the anus leading to itchiness. Rarely the anus can be too tight after a standard haemorrhoidectomy but this does not happen in doppler-guided procedures. Therefore, the risk of complications with the doppler-guided haemorrhoidal artery ligation approach is lower.

Removing the haemorrhoids (piles) with a staple gun (stapled haemorrhoidectomy) is also possible, but we generally do not favour this approach due to the risk of rare but serious complications.

Information and support

We hope that this form gives you enough information about the procedure and what problems to look out for afterwards. If you have any further questions or anxieties, please feel free to ask a member of staff.

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.
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. 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 and 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](http://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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Doppler-guided haemorrhoidal artery ligation, CF416, V3, January 2017
Doppler-guided haemorrhoidal artery ligation+/- mucopexy

A Patient’s side left / right or N/A

Consultant or other responsible health professional
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)
   Treatment of symptomatic haemorrhoids

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
   • pain
   • bleeding
   • anal fissure
   • thrombosed external haemorrhoid
   • recurrence
   • complications requiring re-operation

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:
Doppler-guided haemorrhoidal artery ligation+/- mucopexy

2 The following information leaflet has been provided:

Doppler-guided haemorrhoidal artery ligation+/- mucopexy

Version, reference and date: CF416 version 3 January 2017

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
Doppler-guided haemorrhoidal artery ligation +/- mucopexy

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.

[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: 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:

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

Patient safety – at the heart of all we do

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D 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: ...D.D./M.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.D./M.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.D./M.M./Y.Y.Y.Y.Y.

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

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

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