

Patient agreement to investigation or treatment

Lateral internal anal sphincterotomy for anal fissure

Authors: Colorectal Surgery

Brief description:

- 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.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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About surgery for anal fissure

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.

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 when 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 be ones 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, bring the 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.

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 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

- If you have had a general anaesthetic you will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.
- 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.
- 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).

- **Eating and drinking:** You may eat and drink normally, and, as before, we recommend a high fibre diet and fluid intake of at least six to ten glasses of water daily.
- **Getting around and about:** Within one to two hours of your operation, you will be encouraged to get up and walk around.
- **When you can leave hospital:** Discharge from hospital will be the same day (for planned day-case surgery) or the following day.
- **When you can resume 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 you need to take after the procedure:** 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.
 - You may continue to use glyceryl trinitrate or diltiazem creams if they have been prescribed already.
- **Check-ups and results:** Before you leave hospital, you will be given details of when you need to return to see us, for example outpatient clinics or for the results of your surgery. At this time, we can check your progress and discuss with you any further treatment we recommend.

Intended benefits of the procedure

- To enable healing of the anal fissure.

Who will perform my procedure?

A suitably qualified and experienced surgeon, or a trainee surgeon under the direct supervision of a suitably qualified and experienced surgeon.

Alternative procedures that are available

- Surgery is usually recommended only after non-surgical treatments (creams etc) 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.

Serious or frequently occurring risks

- 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 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

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.

Your anaesthesia

Several different kinds of anaesthesia can be used, and the method will be tailored to your particular needs and wishes.

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.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. If you are a day case patient it may not be until just before your operation. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given. Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe. It is common practice nowadays to allow a parent into the anaesthetic room with children: as the child goes unconscious, the parent will usually be asked to leave.

During your operation

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 in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. 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. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Anaesthesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

What are the risks of general 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 done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, 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, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

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 effect on the heart and lungs
 - Less 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

A third alternative is controlled **sedation** and injection of **local anaesthetic**.

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. 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. It 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. The sedation is usually injected through a small needle or tube in the veins of the hand or in the arm. Sedation reduces the sensation of the injection of the local anaesthetic which usually stings.

You may remember a little about what happened but often you will remember nothing.

This is known as 'conscious sedation', and may be used by other professionals as well as anaesthetists.

If you are having a regional or local anaesthetic, you may want to ask for some sedation as well.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माळिती वीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभली शकाय जेवा माध्यम (ओडीओ इमेज)मां जेठती छोय तो कृपा करीने पूछो.

Gujarati

تکایہ پرسیار بکہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر . بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

آگراپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو ہر آئی ایم ایس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.
For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

| | |
|----------------|---|
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Consent form 1

Patient agreement to investigation or treatment

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|--|
| For staff use only: |
| Surname: |
| First names: |
| Date of birth: |
| Hospital no: |
| Male/Female: |
| (Use hospital identification label) |

Responsible health professional/job title

.....

Special requirements
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Lateral internal anal sphincterotomy

Statement of health professional

(To be filled in by 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:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks including those specific to the patient

.....
• Any extra procedures that might become necessary during the procedure

- Blood transfusion
- Other procedure (please specify)

.....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided:
- Version/Date/Ref:

This procedure will involve:

- General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature **Date:**

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

- I have offered the patient information about the procedure but s/he has declined information.

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

Statement of the interpreter (if appropriate)

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

Interpreter's signature **Date:**

Name (PRINT):

Copy accepted by patient: yes / no (please circle)

| |
|--|
| For staff use only: |
| Surname: |
| First names: |
| Date of birth: |
| Hospital no: |
| Male/Female: |
| (Use hospital identification label) |

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which described the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please tick boxes to indicate you understand and either agree/disagree to the statements below.

- | | Yes | No |
|---|--------------------------|--------------------------|
| I agree to the procedure (or course of treatment) described on this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree that any tissue (including blood) removed as part of the procedure or treatment may be used for diagnosis and audit, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards. | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for the following purposes that could benefit other patients. | | |
| Teaching | <input type="checkbox"/> | <input type="checkbox"/> |
| Research which may include genetic research | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory. | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree to the use of photography for the purpose of diagnosis and treatment. | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree to anonymised photographs being used for medical teaching. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.) | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health. | <input type="checkbox"/> | <input type="checkbox"/> |
| I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that I do not wish, without further discussion, to be carried out. | <input type="checkbox"/> | <input type="checkbox"/> |

.....

Patient's own signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness's own signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature **Date:**

Name (PRINT): **Job Title:**