Patient agreement to investigation or treatment

Surgery for anal fistula

Authors: Colorectal Surgery

Brief description:

- Your surgeon has recommended that you undergo an operation for anal fistula. Since few fistulas heal spontaneously, surgery is required for almost all patients with this condition.
- 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)

....

....

About surgery for anal fistula

A fistula is an abnormal connection between the anus and the skin. On the surface of the skin around the anus there may be one or more holes evident: these are the external openings of thin passages which tunnel down towards the anal canal. A fistula is usually the result of a previous abscess in the area which has been drained but does not fully heal. This results in persistent or intermittent discharge of pus, blood or mucus. There is not usually much pain, although an abscess can sometimes recur.

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 different types of anaesthesia. 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 shall ask you for 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).

Prevention of Surgical Site Infection (SSI)

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.

Hair removal from the site of the operation up to sixty minutes before surgery reduces the risk of infection. This means that the hair removal procedure is usually carried out on the operating table. You must not shave the area yourself; this will be carried out in the operating theatre. Shaving at home, or the night before surgery, increases the risk of infection as no matter how careful you are the skin may become irritated and this could increase the risk of infection.

During the procedure

- Fistula surgery may be simple or complex according to the nature of the fistula. Sometimes it is not possible to tell before surgery what is the full extent of the fistula and so decisions are made whilst you are anaesthetised. Simple fistulas can be ‘laid open’ by cutting a small amount of the anal skin and muscle to open up the track. Fistulas that are situated more deeply (complex fistulas) cannot be treated like this because it would involve cutting too much muscle and could result in incontinence. Here a variety of other treatments are

available and your surgeon will discuss the options with you individually. Complex fistulas are difficult to treat and the surgery may be planned in several stages over a period of weeks, months or even years.

- **Finding the fistula track** – it is crucial to identify the course of the fistula(s) to enable correct treatment to be given. Usually this can be achieved by passing a probe through the external opening down to the internal opening within the anal canal. Occasionally the track is difficult to find if it is narrow or winding.
- **Laying open of the track** - for superficial fistulas the best treatment is to open up the track by cutting through the skin directly onto the probe placed in the track. Sometimes this involves cutting a small amount of the anal sphincter muscle but the risk of any significant alteration of continence is very low. This creates a small raw area that will heal without the need for any special dressings. A dissolvable suture (stitch) is often placed around the edge of the wound to aid healing.
- **Deeper fistulas** – if the internal opening is deeper inside then it is often best not to cut the anal sphincter muscle so different strategies can be used. The part of the track away from the muscle can still be laid open, however. Next we often place a **seton**. A seton is a piece of suture material or a rubber sling that can be passed from the skin opening along the line of the fistula, through the internal opening and out through the anus. It is then tied to form a loop that can stay in place for some weeks or months. Most people find a seton fairly comfortable – you can go to the toilet and wash normally quite safely. A **loose seton** is most commonly used. This acts as a wick to promote drainage of any infected material and allows the fistula track to heal gradually around the seton leaving mature scar tissue. This is often the first part of treatment requiring several stages.
- **Secondary surgery** – once a seton is in place the fistula is usually controlled but this does not result in cure and some discharge will remain. Further surgery may be needed and there are a variety of options available. The choice depends greatly on the type of fistula, the underlying cause and patient/surgeon preferences. Amongst the options are:
- (a) remove the seton and hope the fistula closes or discharges a minimal amount
- (b) try to close the fistula with fibrin glue – this is appealing but success is not guaranteed
- (c) use a **cutting seton** which is slowly tightened over several weeks so that is gradually cuts through the muscle allowing healing but with a smaller risk of alteration of continence than a single surgical cut
- (d) core out the fistula track and close the internal opening using a section of the lining of the rectum (‘mucosal flap advancement’).
- (e) close the fistula track with a biological plug, called an anal fistula plug

None of these methods are guaranteed to succeed on first attempt, and sometimes multiple operations may be required to eventually achieve healing of the fistula. The advantage of these methods is that there is a very low risk of becoming incontinent because the anal muscle is not cut open.

After the procedure

- After this procedure you will wake up in the recovery room. You might wake up feeling sleepy and you might have an oxygen mask on your face to help you breathe.
- 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; this should resolve.
- **Eating and drinking**: 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.
- **Bowel function**: Please feel free to use a laxative to help your bowels open comfortably after surgery if you wish.
- **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**: In order to minimise the pain associated with your operation, a number of measures will be taken:
  - At the time of surgery, local anaesthetic will be injected to provide pain relief.
  - 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.
- **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. At this time, we can check your progress and discuss with you any further treatment we recommend.

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.

Intended benefits of the procedure

- To identify the nature of the anal fistula.
- To perform surgery (often in stages) that will control/cure the fistula with minimal side effects.

Alternative procedures that are available

- It is extremely rare for a fistula to heal without surgery and at present there are no non-surgical alternatives to this recommended treatment.

Serious or frequently occurring risks

- Surgery of anal fistula is generally a very safe operation with few risks, but as with any surgical procedure, complications can occur.
- The maintenance of anal continence is of paramount importance in the decision-making concerning the nature of the surgery performed. For the majority of patients, laying open of the fistula does not involve cutting a significant portion of the anal muscles and continence is not at risk. Nevertheless, any disturbance of the anal sphincter muscles can lead to some degree of change in ability to control wind, liquid and, very occasionally, solid stool from the back passage.
- 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 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

Information and support

- You might be given some additional patient information before or after the procedure, for example leaflets that explain what to do after the procedure and what problems to look out for. 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.

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

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

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk
Polish

Se precisar desta informação num outro idioma, em impressão
de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk
Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk
Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032
或發郵件到：patient.information@addenbrookes.nhs.uk
Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta
isterseniz lütfen su numaradan kontak kurun: 01223 216032
veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk
Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

Document History

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Consent Form (Adults)

Patient agreement to investigation or treatment

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

Surgery for anal fistula

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:

- The intended benefits of the procedure ....

...... To control/cure the fistula with minimal side effects...

....

- Any serious or frequently occurring risks from the procedures including those specific to the patient ....

Any disturbance of the anal sphincter muscles can lead to some degree of change in ability to control wind, liquid and, very occasionally, solid stool from the back passage.

....

- 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: Surgery for anal fistula........................

.... Version/Date/Ref: CF130 Version 4, March 2009 ....

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.

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):...

Important notes: (tick if applicable)

❑ The patient has withdrawn consent (ask patient to sign/date here) ....
❑ See also advance directive/living will (eg Jehovah's Witness form)

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 describes 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 ha 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 read the following:

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.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

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.

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.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below.	**Yes**	**No**
I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research**. **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.	☐	☐
I agree to the use of photography for the purpose of diagnosis and treatment.	☐	☐
I agree to anonymised photographs being used for medical teaching.	☐	☐

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's 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' 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: ....

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