

Patient agreement to investigation or treatment

Doppler-Guided Haemorrhoidal Artery Ligation

Authors: Cambridge Colorectal Unit

Brief description:

- 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.
- 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.cuh.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke’s intranet site
<http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

For staff use:

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

.....
.....

About Doppler-guided haemorrhoidal artery ligation

Haemorrhoids (piles) 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.

Before your procedure

- Most patients attend a pre-admission clinic, when you will usually meet a specialist nurse or junior doctor.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations.
- 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 details with you of anything you are taking (for example: bring the packaging with you).
- This procedure involves the use of general or regional anaesthesia. See below for further details about the types of anaesthesia/sedation we shall use.
- 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 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.

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.

If you have any questions, please ask the healthcare team who will be happy to discuss this with you.

References:

NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

During the procedure (operation/treatment) itself

- 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 (operation/treatment)

- 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 may be taken to a ward or 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:** 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 around and about:** Within a few hours of your operation, you will be encouraged to get up and walk around with assistance.
- **When you can leave 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.
- **When you can resume 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.
- **Special measures you need to take 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.
- **Check-ups and results:** Before you leave hospital you will be given details of when/if you need to be seen again, for example in an outpatient clinic.

Intended benefits of the procedure

- 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.

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.

Serious or frequently occurring risks

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 3 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.

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.
- 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 38° or chills
 - Nausea or vomiting

Your anaesthesia

There are three types of anaesthesia. The type chosen by your anaesthetist depends on the surgery you are undergoing as well as your health and fitness. Sometimes the different types of anaesthesia are used in combination. Usually, Doppler-guided haemorrhoidal artery ligation is performed under a general anaesthetic

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 Analgesia (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.

Day case anaesthesia

Many operations these days are carried out as day cases. This means you will come into hospital on the day of the operation, often only a short time before it is due to start. Sometimes you will be seen preoperatively for assessment, which is important because some people are not fit enough for day care. You will usually be seen by your anaesthetist on the admission day, in the day care ward.

Take all you normal drugs on the day of operation (unless they are diabetic drugs - do not take them): it is OK to take a sip of water to wash tablets down. The hospital will tell you when to stop eating and drinking before the operation: be sure to follow those instructions, or your operation may be cancelled

It is not usual to have a premed for day care operations, as these can slow recovery.

Most day case operations are more minor, and usually do not require major pain killers afterwards. However, you may need tablets, and it is important that you have some sort of pain killers at home. If you have not, the hospital should give you a supply to take with you.

Sometimes patients do have quite a bit of pain after day case operations, and may feel sick. Do not expect to feel normal straight away, and do not plan anything important for the evening after your day case operation. Occasionally the pain or sickness is severe enough for you to be kept in hospital, though that is unusual.

Regional Anaesthesia

For regional anaesthesia a local anaesthetic drug is injected around a bundle of nerves so that a part of the body, such as an arm or a leg, is made numb. In addition, the muscles in the limb are paralysed whilst the drug is acting so that the limb becomes floppy. Obviously you will still be awake and know that the operation is taking place, but often the anaesthetist will administer a sedative drug so that you drift off to sleep during the operation. Even if this is not the case, you will not be able to see the operation because a screen will be placed in the way.

Examples of regional anaesthesia are the use of an epidural for pain relief during childbirth, a spinal for an operation on the bladder, and an eye block for cataract surgery. Sometimes regional and general anaesthesia are combined, particularly for major surgery, to provide pain relief after the operation.

Just as for general anaesthesia, your anaesthetist remains with you throughout the operation under regional anaesthesia, monitoring and controlling your anaesthetic state throughout in the same way. Similarly, you will go to the recovery ward afterwards until you are stable and safe to go back to the ward.

What are the risks of regional 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.

- Very common and common side effects (1 in 10 or 1 in 100 people)
Feeling sick and vomiting after surgery, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness.
- Uncommon side effects and complications (1 in 1000 people)
Bladder problems, slow breathing (depressed respiration), an existing medical condition getting worse.
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
Serious allergy to drugs, nerve damage, death, equipment failure.

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. 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.

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.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

Authors	Colorectal Surgery
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Consent form 1

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

Doppler-guided haemorrhoidal artery ligation +/- mucopexy

Side (left/right).....

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: treatment of symptomatic haemorrhoids
- Any serious or frequently occurring risks from the procedures including those specific to the patient. Pain, bleeding, anal fissure, thrombosed external haemorrhoid, recurrence, complications requiring re-operation
- 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.

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

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 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 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 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: