

# PAUL E. SAVOCA, MD, FACS, FASCRS

## CONSENT FORM FOR DRAINAGE OF PERI-RECTAL ABSCESS

The doctor has explained that I have the following condition:

**Infection in the rectal area (perirectal/perianal/ischiorectal abscess)**

The following procedure will be performed:

**Surgical drainage of an infection (abscess) around the anus**

As with any surgical procedure, there are associated risks. They include:

Small areas of the lungs may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.

Clots in the legs (deep vein thrombosis or DVT) with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal.

A heart attack because of strain on the heart or a stroke.

Heavy bleeding may occur from the wound. This may require further surgery and rarely a blood transfusion

The abscess may recur or a fistula may develop. This may require further surgery.

Further drainage may be necessary to open up other areas of infection. The wound may be thick or reddened as healing occurs, and may be painful.

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Increased risk in obese people of wound infection

I acknowledge that:

The doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of not having the procedure.

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure may include a blood transfusion.

I understand that a doctor other than the Attending Surgeon may assist during the procedure. I understand this could be a doctor undergoing further training.

I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital.

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse.

On the basis of the above statements

**I REQUEST TO HAVE THE PROCEDURE.**

Name of Patient \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### PHYSICIAN'S STATEMENT

I have explained  
the patient's condition  
need for treatment  
the procedure and the risks  
relevant treatment options and their risks likely consequences if those risks occur  
the significant risks and problems specific to this patient.  
I have given the patient an opportunity to ask questions about any of the above matters  
raise any other concerns which I have answered as fully as possible. I am of the opinion  
that the patient/ substitute decision-maker understood the above information.

Name of Doctor \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **PREOPERATIVE PREPARATION FOR ANORECTAL SURGERY**

To diminish risk of bleeding please stop all aspirin; motrin; advil; coumadin; plavix; and all non prescription dietary supplements one (1) week prior to and after the procedure

1. The office may ask you to have blood tests done several days before your procedure. This is important to ensure that everything is optimal for your anesthetic. Occasionally, no blood testing is needed.
2. *We ask that you **do not eat or drink anything after midnight on the evening prior to your operation.*** Food or liquid in the stomach may cause problems with the anesthetic or force your surgery to be postponed.
3. **We ask that you take two (2) Fleet's enemas approximately 1 hour before you leave to go to the hospital on the morning of your procedure.** This helps clear the rectal area of fecal material and allows for a safer and more comfortable operative procedure. Please read the instructions on the box prior to administering the enemas. Call the office if you have any questions.
4. *There are several items available in any drug store which you may find helpful to obtain and have at home for use after surgery:*
  - 4x4 gauze or other absorbent pads
  - Stool bulking agent (Benefiber, Metamucil, Fibercon, Citrucel, etc)
  - Stool softener (Colace, Surfak, etc)
  - Any medications for which you were given a prescription
5. Following these recommendations will facilitate the operative procedure and postoperative recovery.

## **DISCHARGE INSTRUCTIONS FOLLOWING DRAINAGE OF PERIRECTAL ABSCESS**

An abscess around the anus develops as a result of an infection in glands within the anal canal. Although this infection usually does not become serious, occasionally it may reach the deeper tissues surrounding the anus. This results in the formation of a painful collection of fluid and pus. An incision and drainage of the infected fluid can relieve this pain. The wound that is made is left open to allow any residual pus to drain. Sometimes a dressing is placed in the wound as well.

Following the drainage of an abscess, there is approximately a 50-50 chance for the further development of a fistula. A fistula is a tunnel beneath the skin that starts at the gland which caused the infection and runs to the area of the abscess and then out onto the anal skin. This causes persistent drainage. A fistula may result in the development of further abscesses in the future. It is therefore imperative that patients follow up with their surgeon following drainage of their abscess.

### **HOME CARE:**

A dressing has been placed over the wound. This should be left in place until you take your first tub bath (sitz bath). This may be in the evening or next morning following your surgery. Your surgeon will tell you the timing. At whichever time you are directed, the outer dressing should be removed. There is usually a dressing in the wound and this should be soaked and then pulled out while sitting in a tub of very warm water. You should then continue to take sitz baths with warm water three times a day for 10-15 minutes.

Your wound may continue to drain a large amount over the next several days as the infection slowly heals. Wear a gauze dressing to the wound to protect your clothing. You may also use a sanitary napkin for further protection of your clothing. You may notice bloody discharge for the next four to seven days.

Patients have much less pain after the surgery than they had prior to the surgery. However, depending on the size of the abscess there may be residual discomfort for a few days. Pain should slowly decrease. After a few days if there is a change in course and pain begins to intensify call the office. You will be given a prescription for pain medication. Follow the directions given by your doctor for taking this medication. After a day or two, if the pain is subsiding try to use just plain Tylenol to ease residual discomfort. To avoid upset stomach, take your pain medication as prescribed with food in your stomach.

Take these drugs exactly as directed. Never take more than the recommended dose, and do not take the drugs more often than directed. If the drugs do not seem to be working, call the office for advice. Do not share these or any other prescription drugs with others because the drug may have a completely different effect on the person for whom it was not prescribed.

Some people experience drowsiness, dizziness, lightheadedness, or a false sense of well-being after taking opioid analgesics. Anyone who takes these drugs should not drive, use machines, or do anything else that might be dangerous until they know how the drug affects them. Nausea and vomiting are common side effects, especially when first beginning to take the medicine. If these symptoms do not go away after the first few doses, check with the physician who prescribed the medicine. Side effects may include: dizziness, lightheadedness, nausea, sedation, vomiting, if these side effects occur, it may help if you lie down after taking the medication.

- ⊞ Avoid strenuous activity for 1 week after your procedure.
- ⊞ Take sitz baths (sit for 15-20 minutes in warm water) three times a day and after each bowel movement for the first few days.
- ⊞ Don't worry if you have some bleeding, discharge, or itching during your recovery. This is normal.
- ⊞ Avoid constipation.
  - Take Benefiber or other psyllium product (Metamucil, Citrucel, Konsyl, etc) one teaspoon twice a day. Take a stool softener such as Colace or Surfak twice a day as well.
  - If you have not had a bowel movement by the morning of the fourth day following surgery, take 2 fleet enemas, 1 hour apart (lubricate the tip of the enema well with Vaseline and insert gently). If no result, drink one bottle of citrate of magnesium, which can be purchased at any pharmacy. Following the first bowel movement, you should have a bowel movement at least every other day. If 2 days pass without a bowel movement, take an ounce of milk of magnesia. Repeat in 6 hours if no result.
  - The use of dry toilet tissue should be avoided. After bowel movements use a wet Kleenex, cotton or Tuck's pads to clean yourself, or if possible, take a warm bath.
  - If you were given a prescription for an ointment, apply this two or three times a day at the edge of the anal opening.
- ⊞ Eat a regular diet including plenty of fresh fruit and vegetables. Drink 6-8 glasses of water a day.
- ⊞ Call the office if your temperature is greater than 101 degrees.

### Follow-Up

Make a follow-up appointment as directed by our staff. The first follow up is usually 2 weeks following surgery.

From the Clinical Staff to All Surgical Patients:

We are here to help you with any pre-operative and post operative questions you might have. We know this is new to you and any surgery can be frightening. We are here to help you through it. Please keep the following in mind when you call:

1 - Please leave a short message as to the nature of your call. Someone will usually get back with you as soon as possible. Remember if you are having a life threatening emergency, CALL 911.  
If you call after 4 PM you will receive a call back shortly after the office opens at 9 AM.

2 - Please call the office where you are seen as that location will have your medical record which will make it much easier to answer any medical questions that you have.

3 - Medication refills: Please allow 48 hours for refills. Make sure you leave the following information:

YOUR NAME - WITH SPELLING  
DATE OF BIRTH  
YOUR BEST CONTACT TELEPHONE NUMBER  
THE PHARMACY TELEPHONE NUMBER (VERIFY THAT IT IS OPEN)  
THE NAME OF THE MEDICATION FOR REFILL