PAUL E. SAVOCA, MD, FACS, FASCRS

Consent Form for Anal Fistulotomy

The doctor has explained that I have the following condition:

Anal Fistula

The following procedure will be performed:

Anal Fistulotony

(removal of an abnormal connection between the anus and skin)

The doctor explained the risks benefits and alternatives of the procedure to me. He has also explained the technique of the procedure to me along with the expected outcomes, postoperative course and functional results. Relevant treatment options (both surgical and non-surgical) have been explained as well as the risks of not having the procedure.

As with any surgical procedure there are general risks and potential complications which include:

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

Clots can form 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. Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

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

Death rarely is possible due to the procedure

Risks/ complications specific to this operation include:

(a)There will be an open wound where the fistula was. This will take 2-6 weeks to heal.

If the fistula involves an excessive amount of muscle around the anus, the doctor may insert a small elastic band or similar device (seton) to assist in drainage of infection until definitive treatment is possible.
The condition may recur, and an abscess about the anal region may occur.
Scarring may develop about the anus, and it may be painful or thickened.

Rarely the muscles at the anus may be over stretched or over cut with a resultant weakness in the area. This could cause problems with control of the bowels (incontinence). A pad may need to be worn and/or further surgery may be needed.

Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.

PATIENT CONSENT

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 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 photographs or video footage may be taken during my operation.

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 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 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 photographs or video footage may be taken during my operation. These may then be used for teaching health professionals. (You will not be identified in any photo or video.)

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 _____________________________________

DOCTOR'S STATEMENT

I have explained: the patient's condition, the 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/ substitute decision-maker an opportunity to ask questions about any of the above matters and 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 AFTER FISTULOTOMY

An anal fistula is an abnormal channel or tunnel-like chronic infection that starts inside the

anus and ends outside on the skin around the anus. Its development is usually the result of a previous anal infection or abscess. About 50% of people with an anal abscess end up with a fistula. Most fistulas are short and superficial and are best treated by simply opening the entire tunnel and leaving it open to heal in gradually. Occasionally a patient can have a complex fistula with multiple tracts or the tunnel may traverse a considerable amount of the sphincter muscle. For this reason the surgical treatment has to be individualized for each particular patient depending on the location and anatomy of the fistula. Frequently, the surgeon cannot guarantee exactly what will need to be done until the examination that is done under anesthesia at the time of the surgery. It is important to realize that the operative procedure can change depending on what is found at the time of the surgery. At times a fistula will require more than one surgery to cure.

During a simple fistulotomy the tract is opened and left to heal. Sutures are sometimes used to narrow the wound but not close it completely. If it is decided that the fistula is too deep or in a bad position to open it completely, a small drain- called a seton – may be inserted. Your surgeon will explain how this will be managed in the future.

Discharge instructions:
Following your fistulotomy, you may experience some mild to moderate pain or discomfort in your rectal area. You may also experience constipation, difficulty urinating, and possibly some rectal bleeding. The following are some general guidelines for proper care after your procedure.

Home Care:

A small amount of bleeding is common following rectal surgery. A sanitary napkin or gauze may be worn over the anal opening to keep the underclothing clean. When there is no longer any bleeding or discharge, there is no need to keep the pad in place. If there is prolonged or profuse bleeding with passage of clots, call the office at once.

Difficulty urinating after fistulotomy is unusual, but can occur due to spasm of the urinary sphincter resulting from pain due to the surgery. Getting the pain under control and relaxing the sphincter usually allows for the urine to pass. Take the pain medication you were prescribed and do warm sitz baths – either in a bath tub or sitz basin. While soaking, attempt to relax the bladder and urinate into the water. If you are unable to urinate in the first eight hours after your surgery, notify the doctor’s office. After hours, go to the nearest emergency room or urgent care center. A bladder catheter will be placed and remain in place for 2 days, you may call the office to have the catheter removed. Once you have started to urinate, drink plenty of water and fruit juices (such as prune juice) after your surgery.

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.
- If you were given a topical ointment, place this over the anal skin and a little into the anal canal 2-3 times a day.
- 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 3 weeks following surgery, but if a seton was placed the surgeon may want to see you sooner.