

Information for patients about the examination of the rectum and anus including local treatment of haemorrhoids (proctoscopy)

Label

Information protocol submitted by:

Date:

Dear patient

Please read these documents immediately upon receiving them. Fill in the questionnaire, if possible date and sign the documents on the day before the examination. If you have any questions, please contact your doctor or specialist (gastroenterologist).

You have been advised to have a procedure known as a **examination of the rectum and anus including local treatment of haemorrhoids (proctoscopy)**. Before the examination you'll receive the following:

- an information leaflet
- a questionnaire
- informed consent form

Information leaflet:

On the information leaflet you can find information about the course of the examination as well as its objectives and risks. Please read this leaflet carefully.

If you have further questions about the necessity and urgency of the examination, about alternatives or any risks posed by the examination, please contact your doctor. Most of these questions can be answered by the doctor who registered you for the examination. Specific questions about the examination's technical details or specific problems can be answered by the specialist (gastroenterologist) who will carry out the procedure, if necessary. If you wish to do so, we kindly ask you to contact us or the referring doctor in good time.

Questionnaire:

You are kindly asked to fill out the enclosed questionnaire in full to clarify the bleeding tendency and to answer the questions about medication, intolerances or allergies. If you are taking **anticoagulant medication** for blood thinning (e.g. Sintrom, Marcoumar, Xarelto) or regularly take **Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel etc.**, please discuss with your doctor in good time (at least 1 week before before the examination) the possibility of stopping the medication. Please bring the questionnaire with you to the examination. You are kindly asked to date and sign the questionnaire one day before the examination if possible. If you have any problems or there are ambiguities in answering the questions, please contact your doctor or us in good time.

Informed consent:

Please read the informed consent form through very carefully. Also date and sign it no later than the day before the examination.

The information leaflet is yours to keep.

The questionnaire and the informed consent will be kept by us in the medical files.

Aufklärungsunterlagen empfohlen durch die Schweizerische Gesellschaft für Gastroenterologie SGGSSG, die Verbindung der Schweizer Ärztinnen und Ärzte FMH sowie der Stiftung Patientenschutz SPO.

Information sheet about examination of the rectum and anus including local treatment of haemorrhoids

Why is a examination of the rectum carried out?

By examining the rectum, diseases of the anus, anal canal and lower rectum can be detected and partly treated. Tissue samples can be taken or specific treatments, especially for haemorrhoids, can be performed.

What preparations are necessary for a examination of the rectum?

No special preparation is usually required for this examination. In the practice/hospital, enemas for emptying the rectum may be given before the examination.

Ability to drive/ ability to work?

As a rule you will be given no sedation and or pain medication before the examination. If this is recommended by your doctor, please note that you will not be able to drive after receiving these drugs. In this case do not come with your own vehicle. Make sure that someone personally accompanies you. After these medications have been administered you are not capable of signing any documents for the next 12 hours. This means that during this time you should not conclude any contracts.

What happens during an examination of the rectum?

A rigid proctoscope is usually used for the examination, which is inserted into the anus. On retraction, the mucous membrane, illuminated by a source of light, can be assessed. Occasionally a flexible instrument (endoscope) is used for the examination, or changed to a flexible one, especially if the examination is to include the upper part of the rectum.

For the treatment of haemorrhoids (dilated veins in the rectal/anal region), various procedures can be used. For small haemorrhoids, the blood in the veins can be heated by means of infrared treatment until it coagulates and the haemorrhoid subsequently disappears. Repeated applications are usually necessary. For medium-sized haemorrhoids, a so-called band ligature can be applied. Here, the vein that supplies the hemorrhoidal node with blood is sucked in and closed with a rubber band (ligature). The ligated vein/haemorrhoid falls off by itself after a few days. Usually several ligatures are placed and sometimes repeated sessions are necessary. An acutely occurring, very painful haemorrhoid (haemorrhoidal thrombosis) must in rare cases be opened with a small incision and the blood clot removed.

Is the rectal examination painful?

At times the rectal examination can be painful. After interventions you may be prescribed painkillers.

What are the risks associated with the examination of the rectum?

The examination itself and the taking of tissue samples are low-risk. However, despite the greatest care being taken, complications can occur, which can be life-threatening in exceptional cases. Possible complications are transient anal pain after ligatures (8%) bleeding (3%) and local infections (< 1%). In exceptional cases, narrowing (stenosis) of the anal canal or temporary disturbances of continence may occur. Rarely, the administration of sleep medication can lead to the impairment of respiratory and cardiac function.

What about after the examination?

After interventions of any kind, care should be taken to ensure soft bowel movements for the next few days. Pressing during defecation should be avoided, as the increased pressure can lead to injuries in the treatment area. If necessary, the doctor will prescribe a laxative. For the treatment of pain, the attending physician will prescribe a suitable painkiller. After an examination, slight bleeding (usually light red blood) may occur during a bowel movement. If this does not stop after a few days or if there is a noticeable amount of blood, inform your doctor immediately or go to a hospital emergency department.

Questions about the examination?

If you have any further questions about the planned examination, please contact your GP. If you are still unclear, contact the specialist (gastroenterologist) who is carrying out your examination.

You can contact the following doctors if you have any questions or problems:

General practitioner		Tel:
Gastroenterology		Tel:

Aufklärungsunterlagen empfohlen durch die Schweizerische Gesellschaft für Gastroenterologie SGGSSG, die Verbindung der Schweizer Ärztinnen und Ärzte FMH sowie der Stiftung Patientenschutz SPO.

Questionnaire

Label

Questions to clarify bleeding tendency:

yes no

1. Do you have heavy nosebleeds for no apparent reason?		
2. Do your gums bleed for no apparent reason (brushing your teeth)?		
3. Do you have „ bruises “ (Haematomas) or small bleeds under the skin without obvious injuries?		
4. Do you have the impression that you bleed longer after minor injuries (e.g. when shaving)?		
5. Women: do you have the impression that you have prolonged menstrual bleeding (>7 days) or that you must change tampons or sanitary towels very frequently?		
6. Have you had prolonged or heavy bleeding during or after dental treatment ?		
7. Have you had prolonged or heavy bleeding during or after surgery (e.g. tonsillectomy, appendectomy, birth)?		
8. Have you received any blood or blood products during surgery?		
9. Does anyone in your family (Parents, siblings, children, grandchildren, uncles, aunts) have a disease with increased bleeding tendency ?		

Questions about medication, allergies, concomitant disease:

1. Are you taking anticoagulants for blood thinning (e.g. Sintrom, Marcoumar, Xarelto) or have you been taking Aspirin, Alcacyl, Tiatral, Plavix, Clopidogrel, etc. or flu medication, pain killers or rheumatism medication in the last 7 days? If 'yes', what exactly?		
2. Do you have an allergy/ hypersensitivity reaction (to medications, latex, local anaesthetics, sticking plasters)? If 'yes', which ones?		
3. Do you suffer from a heart valve defect, heart or lung disease ? Do you have an ID card for endocarditis-prophylaxis ?		
4. Do you have a heart pacemaker / defibrillator or a metal implant ?		
5. Are you aware of a renal dysfunction (renal insufficiency) ?		
6. Are you diabetic ?		
7. Women: are you pregnant or is there a possibility that you could be pregnant?		
8. Do you have any loose teeth, dentures or a dental disease ?		

I, the undersigned, have completed the questionnaire to the best of my knowledge.

Place, date

Patient's name

Patient's signature

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Informed consent

for a examination of the rectum and anus including local treatment of haemorrhoids (proctoscopy)

Label

Information protocol submitted by:

Date:

I, the undersigned, have read the information sheet.

I have been informed by the doctor of the reason (Indication) for the examination of the rectum and anus including examination of the rectum and anus including local treatment of haemorrhoids (proctoscopy). My questions have been answered to my satisfaction.

(Check the appropriate box)

I agree to having a-examination of the rectum and anus including local treatment of haemorrhoids

yes	no
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I agree to a sedative and/or pain relief being administered during the examination

yes	no
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Patient's name

Doctor's name

Place, date

Patient's signature

Place, date

Doctor's signature

For patients who cannot give consent themselves:

Legal representative
or proxy

Doctor's name

Place, date

Representative's name

Place, date

Doctor's signature

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