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INFORMED CONSENT FOR INFRARED COAGULATION TREATMENT (IRC)

Patient's Name: _____ **Date of Birth:** _____

Infrared coagulation treatment is a procedure in which your physician will place an anoscope into your anus. An intense beam of infrared will be used to treat the internal hemorrhoids.

There are risks to this procedure, although we believe that the potential benefits outweigh the risks.

- 1. Bleeding is uncommon. With severe bleeding blood transfusion and/or surgery may be required. _____
- 2. Perforation (a small hole through the bowel wall) is rare, but if it occurs surgery may be necessary. _____
- 3. Medications may be used to prevent pain and discomfort, and they rarely cause adverse reactions. _____
 Also, you may feel some heat or pain during the procedure. _____
- 4. Infection is rare and may require administration of intravenous antibiotics. _____

There are alternatives to IRC including conservative management, hemorrhoid banding and hemorrhoidectomy.

If you want more time to consider this procedure or have further questions, please ask us.

HAVING READ AND UNDERSTOOD THE ABOVE, I FEEL THAT THE BENEFITS OF THIS PROCEDURE OUTWEIGH THE RISKS. I HAVE DISCUSSED THE RISKS, ALTERNATIVES, AND HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS.

 Signature

 Date

In presence of: Spouse _____ Companion: _____ Staff : _____
 Parent _____ Patient alone: _____