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Consent for banding of hemorrhoids

I, the undersigned _____, consent to have Dr. Marwan Balaa treat my hemorrhoids, using a rubber band, with possible anoscopy (visual examination of the last part of the colon).

The anoscopy entails the placement of a disposable plastic tube in the rectum to visualize the extent and location of the hemorrhoids. If needed, the anoscopy will be done immediately preceding the banding procedure.

The completion of the banding process is likely to require as many as 3 sessions to eradicate the hemorrhoids. The benefits of the procedure is the very good likelihood, that after an average of 3 banding sessions, to completely eliminate the hemorrhoids, and along with them the associated sensation in the anal area (bulging, bleeding and burning). You will be given instructions following the procedure, and will be scheduled for repeat banding in 2-3 weeks from the date of the first banding (for a total of 3 sessions).

The complications of the procedure are infrequent, and include bleeding, and an even less frequent chance of pain in the anal area, allergic reaction or infection. The alternative to the procedure include: living with the problem, invasive surgical excision of the hemorrhoids, infra red coagulation of the hemorrhoids, or use of topical creams.

I acknowledge and understand that during the course of the procedure, conditions may develop which may reasonably necessitate the performance of other procedures which are unforeseen, or not known to be needed at the time this consent is obtained.

By signing this consent form, I am indicating my understanding of the procedure, that I agree to the contents of this consent, that I have been given a chance to ask questions, and that all my questions have been addressed to my satisfaction, that I understand the relative risks, benefits and alternatives to the hemorrhoidal therapy, and that I voluntarily consent to have the above stated procedure performed on me.

Patient's signature: _____

Date: _____

Witness' signature: _____

Date: _____