

SAN JOSE GASTROENTEROLOGY

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INFORMED CONSENT FOR BANDING OF HEMORRHOIDS

Patient's Name:		Date of	Birth:		
		which your physician pla d around the internal hem		to your anus or a sigmoi	doscope inside
There are risks to	this procedure, althou	gh we believe that the po	tential benefits out	weigh the risks.	
required. 2. Perforation 3. Medication will be from 4. Infection	on (a small hole throug ons may be used to proper ee from pain during the is rare and may require	ever, with severe bleeding the bowel wall) is rare revent pain and discomfone procedure, and medicate administration of intraction and lead to hospitalization.	, but if it occurs su rt. Also, there is al tions adverse reactivenous antibiotics.	rgery may be necessary. so no guarantee that you	
There are alternate hemorrhoidectom		banding including conse	rvative manageme	nt, infrared coagulation	treatment and
If you want more	time to consider this p	procedure or have further	questions, please a	sk us.	
OUTWEIGH TH		OD THE ABOVE, I FIED DISCUSSED THE REJUESTIONS.			
_	Signature		_	Date	
		Companion:Patient alone:			