

Hemwellectomy Consent Form

Patient Information:

Name: _____

Date of Birth: _____

Address: _____

Contact Number: _____

Email: _____

Procedure Information:

Date of Procedure: _____

Surgeon/Physician: _____

Description of the Procedure:

Hemwellectomy is an electrosurgical procedure utilizing a very low energy direct electric current which ligates the hemorrhoid's feeder blood vessels. The procedure is non-thermal and is much safer than high energy electrosurgery. More than 7,000 procedures have been performed without any complications reported to HemWellMD.

Risks and Benefits:

I understand that like all medical procedures it carries some risks. However, these may include but are not limited to:

- Infection
- Bleeding
- Adverse reactions to anesthesia
- Damage to surrounding organs or tissues

I also understand the benefits of hemwellectomy

- Reduced bleeding
- Minimal tissue disruption
- Faster recovery time compared to traditional surgery and banding
- Dramatic reduction in post procedure and pain
- Reported success rate greater than 90%

Alternatives to Electrosurgery:

I have been informed about alternative treatment options, which may include:

- Traditional hemorrhoidectomy
- Rubber Band Ligation
- Sclerotherapy
- Medical management and observation

Consent:

I have discussed the procedure, risks, benefits, and alternatives with my surgeon/physician. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

I understand that unforeseen conditions may arise during the procedure.

I acknowledge that no guarantees have been made to me regarding the outcome of the procedure.

Patient Declaration:

By signing below, I voluntarily consent to undergo the electrosurgery procedure as described above.

Patient Signature: _____

Date: _____

Witness Declaration:

I confirm that I have witnessed the patient's signature, and that the patient has acknowledged understanding the procedure and consented to it.

Witness Signature: _____

Date: _____

Physician Declaration:

I confirm that I have explained the procedure, risks, benefits, and alternatives to the patient and have answered all questions to the best of my ability.

- **Physician Signature:** _____
- **Date:** _____