

Information for patients undergoing examination of the anal canal (anoscopy), including local hemorrhoidal treatment

Dear Patient

Please **read** these documents **immediately** after you receive them. Please complete the questionnaire and medication list and **sign the consent form**, preferably **the day before** the examination. If you have any questions, please do not hesitate to contact us.

You are scheduled for an examination of the anal canal (anoscopy). This package includes the following:

- Information sheet
- Questionnaire and consent form
- List of medications

The information sheet contains details about the examination procedure, its objectives and risks. Please read this sheet carefully.

If you have further questions about the necessity and urgency, or any risks posed by the examination, please contact your GP or us.

If you are taking **blood-thinning medication** (e.g. Marcoumar, Sintrom, Xarelto, Eliquis, Lixiana, etc.) or **platelet-inhibiting medication** (e.g. Brilique, Plavix, Clopidogrel, Efient, etc.), please discuss the possible discontinuation of the medication with your GP at least 1 week before the examination.

Please bring all documents, completed in full, with you to your examination appointment.

The questionnaire and consent form will be kept in your medical file at our practice.



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Information on examination of the anal canal, including local hemorrhoidal treatment

Why is an examination of the anal canal performed?

An examination of the anal canal can detect diseases around the anus, anal canal and lower rectum, some of which can be treated directly. If necessary, tissue samples can also be taken or specific treatments, particularly for hemorrhoids, can be carried out.

How is the examination of the anal canal and hemorrhoidal treatment performed?

To examine the rectum, a rigid proctoscope is inserted through the anus. When withdrawn, the mucous membrane illuminated by a light source can be assessed.

For the treatment of hemorrhoids (enlarged vascular cushions in the anal canal), rubber band ligation can be used for small to medium-sized hemorrhoids. This involves placing a small, elastic band around the base of the hemorrhoid, which interrupts the blood supply and causes the hemorrhoidal tissue to die off and fall away within a few days. The procedure is usually painless, but a slight feeling of pressure may occur in the first few days. Several ligatures are usually applied and repeated sessions may be necessary in some cases.

Is the examination of the anal canal painful?

Under normal conditions, the examination does not cause any significant pain. After rubber band ligation, you may experience a slight feeling of pressure. In rare cases, mild pain may occur for a few days, for which we can prescribe painkillers.

What preparations are necessary for an examination of the anal canal?

No special preparation is necessary for this examination. The rectum/anus is usually naturally clean. Any stool residue can be removed during the examination with a small swab.

What are the risks associated with the examination and hemorrhoid treatment?

The examination itself and the removal of tissue samples are low risk. Possible complications include temporary anal pain after rubber band ligation (8%), which can usually be treated effectively with painkillers. Furthermore, bleeding (3%) or local infections (<1%) may occur after ligation. In rare cases, narrowing (stenosis) of the anal canal or temporary stool incontinence may occur.

How should I behave after the examination with local hemorrhoidal treatment?

After the examination with rubber band ligation, you should ensure that your stools remain soft, especially in the first few days. We can prescribe mild laxatives for this purpose. You should avoid straining during bowel movements, as the increased pressure can cause injuries in the treatment area. After the examination, there may be slight bleeding (usually bright red blood) during bowel movements. If this does not stop spontaneously after a few days or if there is a noticeable amount of blood, please contact us, your general practitioner, or go to an emergency department.

Questionnaire and consent form for anoscopy

By carefully following the preparation instructions and completing the questionnaire and medication list in full, you can help to minimize the risk of complications. Thank you in advance.

Surname, name: _____ Date of birth: _____

Questions	Yes	No
Do you have an increased tendency to bleed (e.g. severe nose or gum bleeding, prolonged bleeding after minor injuries, severe bleeding during operations or dental treatment)?		
Are you taking anticoagulant medication (e.g. Marcoumar, Xarelto, Eliquis, Lixiana, Pradaxa, etc.) or platelet inhibitor medication (e.g. Plavix, Clopidogrel, Blilique, Fragmin, Clexane, etc.)? If so, which ones? _____		
Do you have any allergies to medication, food, latex or adhesive tape? If so, which ones? _____		
Do you suffer from a serious heart or lung condition? If so, which ones? _____		
Do you have a pacemaker, defibrillator or metal implant?		
Are you diabetic?		
Have you been diagnosed with malfunctioning kidneys (renal failure)?		
For women: Are you pregnant or likely to be pregnant?		

I, the person signing, have read the information sheet and completed this questionnaire to the best of my knowledge. I have been informed about and understand the diagnosis, nature, procedure and risks of the examination or intervention. My questions have been answered to my satisfaction. I consent to this examination being carried out.

Place / Date

Signature of patient
(or legal representative)

Signature of doctor

Current list of medications

Surname, name: _____ Date of birth: _____

Medication	Dosage