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Patient Informed Consent Form with therapy of hemorrhoids using the HEMORON device

Patient: ……..……..……
name, surname, personal birth number

Dear Patient,

Your informed consent form is essential for the conduct of the examination recommended to you. To help you make your decision regarding undergoing the procedure we inform you hereby about the method, the importance, as well as any potential complications of the examination.

Why do we recommend the therapy of hemorrhoids using the HEMORON device to you?
Hemoron is a modern outpatient non-surgical treatment of hemorrhoidal disease using low-voltage electric currents. It is a highly effective and safe method. The biggest advantage of the method is its painlessness. The low-voltage currents acting on the hemorrhoidal node can be precisely adjusted according to the individual sensitivity of the patient. The procedure is performed under local anesthesia, without complicated preparation and necessity to drink large amounts of laxatives.

As the result of the current applied, the arterial influx to the hemorrhoids closes down, which results in their involution. The duration of the procedure itself depends on the hemorhoids size and lasts approximately 30 minutes. In advanced hemorrhoidal disease with large hemorrhoids, in some cases it is necessary to repeat the application with an interval of several weeks.

Patient condition after the procesure and potential complications
The procedure is usually uncomplicated and the patient's condition is favorable after it. Rarely, there may be mild pain in the rectal area, which responds well to common analgesics. Painful thrombosis of internal hemorrhoidal tissue occurs in only about 0.5% of cases. Allergic reaction to local anesthesia or significant bleeding are very rare.

Please, answer following questions to avoid the risk of any complications:

1. Do you have increased tendency to bleeding in the event of small injuries or tooth extraction?	No - Yes
2. Do you take any medication which affects blood clotting? (Anopyrin, Godasal, Warfarin, Lawarin, Xarelto, Pradaxa, Arixtra etc.)	No - Yes
3. Do you suffer from hay fever, hypersensitivity to food, medications, plasters or local anesthetic medication?	No - Yes

I hereby represent and confirm that I have received full guidance and explanation about what this informed consent form contains. I declare that I have understood the above-stated and I have had a sufficient opportunity to ask the physician any additional questions to which he/she answered in a clear and satisfactory manner, and I hereby agree with the therapy of hemorrhoids using the HEMORON device. I have made this decision freely and with full awareness of my actions.

In Prague on: …… Patient's signature: ……..……

Physician's name: ..... Physician's signature: .....