



# CONSENT FORM FOR PILONIDAL SINUS/ABSCESS

Med Rec. No.....

Surname:.....

Forename: .....

DOB:.....

AFFIX LABEL HERE

### PROPOSED TREATMENT

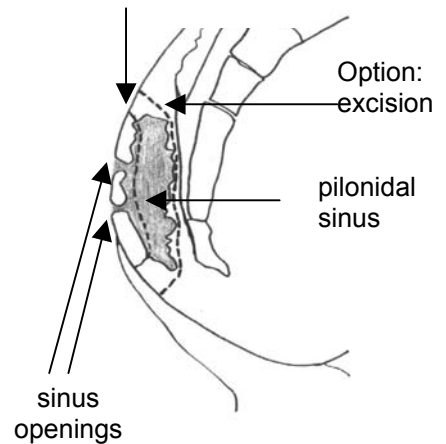
The doctor has explained that I, (*name of patient*) .....  
have a **pilonidal sinus ± abscess** and that **surgical treatment** is proposed:

**This means the surgical treatment of a sinus (blind ending track) lying under the skin. This track is lined with granulation tissue (ie chronic inflammation) and contains hair. Commonly, it lies in the cleft between the buttocks, but may also be found elsewhere.**

**Several techniques may used to treat the problem, including cutting the affected area away and allowing the tissues to heal from the base upwards or closing the defect in a variety of ways. A local or general anaesthetic is needed, depending on the procedure chosen.**

**The options have different advantages and risks, and some may not be advisable if your sinus is heavily infected. Your surgeon will explain which would suit you.**

Option: de-roofing



### RISKS

*These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your surgeon if you have any general or specific concerns.*

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*).

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand the procedure has the following **specific risks and limitations**:

- My wound may become infected, with redness, swelling and discharge. I may need antibiotics to treat this.
- The condition may recur
- If the wound is left to heal from the base upwards, it may take some weeks to heal.
- If the wound is closed, it may break down, delaying healing.

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

### INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....

.....

.....

[HOSPITAL]

**CONSENT FORM  
FOR**

**PILONIDAL SINUS/ABSCESS**

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**DECLARATION BY PATIENT**

- I acknowledge the surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my surgeon during this pilonidal sinus/abscess operation.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient

Date

*If the patient is an adult and unable to give consent, a proxy form must be completed and attached*

**DECLARATION BY DOCTOR**

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature

Doctor's name  
*(please print)*

Date

**INTERPRETER'S DECLARATION** - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's  
signature

Date

Interpreter's name  
*(please print)*