consent form for laser assisted closure of pilonidal sinus

Procedure: Ultrasound Guided Laser assisted Closure of Pilonidal sinus/cyst * Other options discussed Do nothing Conservative management **Surgical options Endoscope Assisted thermal closure** Glue **Sclerosants** Benefits: Removal of symptoms and prevent future complications **Adverse Effects** Bleeding, pain infection, scarring, inflammation leading to lumpy and hard skin (temporary), recurrence. Rare complications: Deep vein thrombosis, allergy skin burn, local anaesthesia intolerance. * Questions from patient * Date of initial information/consent

^{*} patient signature

* Mr Parameswaran Sridhar MBBS FRCS(Ed) FRCS(Gen)							
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* NA// to a car a impact was							
* Witness signature							
* Date							
* Date							
		//					