# INFORMED CONSENT

**TITLE OF THE STUDY** "Clinical trial for the effectiveness of pudendal nerve block with and without neurostimulation for the reduction of posthemorroidectomy pain"

**INVESTIGADOR PRINCIPAL**: Dra. Ana Soto Sánchez

**CENTER**: Hospital Universitario Nuestra Señora de Candelaria

Hemorrhoidal pathology is one of the main reasons for consultation in the coloproctology units. Conventional hemorrhoidectomy is still the Gold Standard of surgical treatment although with a not negligible percentage of postoperative pain in spite of the armamentarium currently available.

The pudendal nerve block with local anesthetic is an effective alternative for pain control in some urological and gynecological procedures, in pain medicine and is routinely performed in proctological procedures in our center. However, numerous studies have described a great anatomical variability of this nerve, which may mean that infiltration according to anatomical references may sometimes be ineffective.

The present study aims to compare the efficacy of pudendal nerve block with local anesthetic guided by anatomical references or guided by neurostimulation (system that allows localization of a nerve through a small electrical stimulation).

D./Dña._____

- I have read and understood the information sheet given to me about the study indicated above. I have received sufficient information about the study. I have asked all the questions I needed to know about the study.

- I have spoken with Dr. _____ with whom I have clarified any possible doubts.

- I understand that my participation is voluntary.

- I understand that I can withdraw from the study:
    - Whenever I want
    - Without explanation
    - Without affecting my medical care

- I understand that the personal information I provide will be kept confidential and will not be shown to anyone without my consent.

- I understand that my participation in the study implies authorizing the collection of data on my intervention.

- And I freely give my consent to participate in the study.

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|---|---|
| Investigator´s signature | Patient´s signature |
| Date: | Date: |

**REVOCATION OF CONSENT:**

I, Mr./Ms._____ withdraw the consent given for my participation in the above study.

Date and signature: