

# CONSENT FORM

## for

# UROLOGICAL SURGERY

(Designed in compliance with



consent form 1)

<p style="text-align: center;"><b>Name of proposed procedure</b> (include brief explanation if medical term not clear)</p>	<b>ANAESTHETIC</b>
<p><b><u>CIRCUMCISION</u></b> THIS IS THE SURGICAL REMOVAL OF THE FORESKIN</p>	<p><input type="checkbox"/> - GENERAL/REGIONAL <input type="checkbox"/> - LOCAL <input type="checkbox"/> - SEDATION</p>

### Serious or frequently occurring risks

OCCASIONAL

- RARELY, INFECTION OF INCISION REQUIRING FURTHER TREATMENT AND CASUALTY VISIT
- BLEEDING OF THE WOUND OCCASIONALLY NEEDING A FURTHER PROCEDURE AND CASUALTY VISIT
- PERSISTENCE OF ABSORBABLE STITCHES AFTER 3 / 4 WEEKS REQUIRING REMOVAL AT GP

RARE

- YOU MAY NOT BE COMPLETELY COSMETICALLY SATISFIED
- OCCASIONAL NEED FOR REMOVAL OF EXCESSIVE SKIN AT A LATER DATE.

ALTERNATIVE THERAPY: DRUGS TO RELIEVE INFLAMMATION LEAVE UNCIRCUMCISED