

CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with



consent form 1)

<p style="text-align: center;">Name of proposed procedure (include brief explanation if medical term not clear)</p>	ANAESTHETIC
<p><u>HYPOSPADIAS REPAIR</u></p> <p>THIS INVOLVES RECONSTRUCTION OF THE URETHRA TO BRING THE OPENING AS CLOSE TO THE USUAL POSITION AS POSSIBLE. YOUR SURGEON WILL TELL YOU THE PARTICULAR TECHNIQUE THEY USE AND WHETHER THIS IS PERFORMED AS ONE OR TWO OPERATIONS.</p>	<p><input type="checkbox"/> GENERAL/REGIONAL</p> <p><input type="checkbox"/> LOCAL</p> <p><input type="checkbox"/> SEDATION</p>

Serious or frequently occurring risks

<p>COMMON</p> <ul style="list-style-type: none"> - NEED FOR A TEMPORARY TUBE IN THE URETHRA UNTIL THE NEW URETHRA IS HEALED. - BRUISING IS QUITE COMMON AFTER THIS SURGERY - THE PENIS WILL APPEAR CIRCUMCISED AFTERWARDS <p>OCCASIONAL</p> <ul style="list-style-type: none"> - INFECTION OF INCISION REQUIRING FURTHER TREATMENT - PERSISTENCE OF ABSORBABLE STITCHES AFTER 3 / 4 WEEKS REQUIRING REMOVAL - BLEEDING REQUIRING FURTHER TREATMENT <p>RARE</p> <ul style="list-style-type: none"> - A SMALL URINARY LEAK OR FISTULA CAN OCCUR NEEDING FURTHER SURGERY. - NOT POSSIBLE TO GUARANTEE A TOTALLY SATISFACTORY COSMETIC RESULT DESPITE BEST ATTEMPTS - OCCASIONALLY THE URETHRA CAN NARROW IN THE FUTURE NEEDING FURTHER TREATMENT <p>ALTERNATIVE TREATMENTS: LEAVE AS IT IS NOW</p>
