

# 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>AMPUTATION OF PENIS, PARTIAL OR COMPLETE +/- REMOVAL OF GROIN NODES</b></p> <p>AMPUTATION OF PART OR ALL OF THE PENIS FOR CANCER WITH FORMATION OF NEW URETHRAL OPENING TO ALLOW URINATION</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

COMMON

- TEMPORARY INSERTION OF A BLADDER CATHETER AND WOUND DRAIN
- DIFFICULTY IN DIRECTING URINARY STREAM OR NEED TO SIT DOWN TO PASS URINE
- SIGNIFICANT AMOUNT OF PENILE SHORTENING IF PARTIAL / LOSS OF WHOLE PENIS IF COMPLETE
- INABILITY TO HAVE SEXUAL INTERCOURSE BECAUSE OF SHORTENING OR ERECTILE FAILURE

OCCASIONAL

- NEED TO CONVERT A PARTIAL TO A COMPLETE IF CANCER MARGIN SEEMS INCOMPLETE.
- BLEEDING REQUIRING FURTHER SURGERY OR RARELY, TRANSFUSIONS
- RECURRENCE OF CANCER IN STUMP OF PENIS
- NEED OF FURTHER THERAPY FOR CANCER (SURGERY, RADIATION, CHEMOTHERAPY)

RARE

- SKIN FAILING TO HEAL REQUIRING FURTHER SURGERY.
- INFECTION, PAIN OF INCISION REQUIRING FURTHER TREATMENT
- NARROWING OF URINARY OPENING NEEDING FURTHER TREATMENT
- MAY BE ABNORMALITY OTHER THAN CANCER ON MICROSCOPIC ANALYSIS

ALTERNATIVE THERAPY: RADIATION OR TOPICAL DRUGS / CONSERVATIVE SURGERY

IF REMOVAL OF GROIN NODES

- PROLONGED FLUID DRAINAGE FROM GROIN SITE
- INFECTION OF GROIN SITE
- MILD SWELLING OF LEGS / ANKLES