

# CONSENT FORM

for

## UROLOGICAL SURGERY

(Designed in compliance with



consent form 1)

<p align="center"><b>Name of proposed procedure</b> (include brief explanation if medical term not clear)</p>	<p align="center"><b>ANAESTHETIC</b></p>
<p><u>PENILE STRAIGHTENING (NESBITTS)</u>  THIS IS A PROCEDURE TO CORRECT PENILE CURVATURE</p>	<p> <input type="checkbox"/> GENERAL/REGIONAL  <input type="checkbox"/> LOCAL  <input type="checkbox"/> SEDATION         </p>

### Serious or frequently occurring risks

COMMON

- THERE IS SOME SHORTENING OF PENIS
- POSSIBLE DISSATISFACTION WITH COSMETIC OR FUNCTIONAL RESULT
- TEMPORARY SWELLING AND BRUISING OF PENIS AND SCROTUM

OCCASIONAL

- CIRCUMCISION IS SOMETIMES REQUIRED AS PART OF PROCEDURE
- NO GUARANTEE OF TOTAL CORRECTION OF BENDING
- RECURRENCE OF CURVE AT LATER TIME
- BLEEDING OR INFECTION REQUIRING FURTHER TREATMENT

RARE

- IMPOTENCE OR DIFFICULTY MAINTAINING ERECTIONS CAN OCCUR AFTERWARDS
- NERVE INJURY WITH TEMPORARY OR PERMANENT NUMBNESS OF PENIS

ALTERNATIVE TREATMENT: OBSERVATION, DRUGS AND OTHER SURGICAL APPROACHES