



Affix Patient Label

Name _____ Date of Birth _____

Informed Consent:

Pediatric Circumcision and Revision of Circumcision

This information is given to you so that you can make an informed decision about having **Pediatric Circumcision and Revision of Circumcision**

Reason and Purpose of the Procedure:

In a baby most circumcisions are performed within the first few days of life before the newborn is discharged home. In other instances, parents make the choice to have their son circumcised later in infancy or even during childhood. Some of the reasons for circumcision are:

- Phimosis: This means that the foreskin has scarred and the individual is unable to pull down the foreskin. Causing difficulty during urination.
- Urinary Tract Infection: When a young boy gets a Urinary tract infection, sometimes circumcisions are recommended when there is no known cause of the infection.
- Infection: The head of the penis may become infected.
- Elective: Circumcision is done for cosmetic or religious reasons.

Benefits of this surgery:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Decreased risk of infection
- Decreased discomfort

Risks of Surgery:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

General risks of surgery:

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke may occur.
- Bleeding may occur. If bleeding is excessive, you may need a transfusion.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

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Risks of this surgery:

- Meatal Stricture or Stenosis- Following the procedure the hole at the end of the penis is now exposed to the diaper or underwear. Chronic rubbing may cause it to scar tighter. Further procedures may be required to open the hole.
- Infection- Infection is possible with any procedure. If this occurs antibiotics may be prescribed.
- Hematoma- Small blood vessels may continue to ooze or bleed after the procedure. If the swelling and bruising does not continue to go down, a future procedure may be required.
- Suture Breakdown- If the penis is accidently traumatized after the surgery, some of the sutures can tear.
- Penile Torsion or Chordee- During the procedure the skin edges are sewn together. Because of this there may be a slight twist to the penis.
- Chronic Pain- As with any procedure, a patient can develop chronic pain in the area exposed to surgery.

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks associated with obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks specific to you:

Alternative Treatments:

Other choices:

- Do nothing. You can decide not to have the procedure

If you choose not to have this treatment:

- Possible infection
- Possible discomfort during urination

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General Information

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.

I want to have this procedure: Pediatric Circumcision and Revision of Circumcision

- I understand that my doctor may ask a partner to do the surgery.
- I understand that other doctors, including medical residents, or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature _____
Relationship Patient Closest relative (relationship) Guardian **Date/Time** _____

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter (if applicable) _____ Date _____ Time _____

For provider use only:
I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options and possibility of complications and side effects of the intended intervention. I have answered questions and patient has agreed to procedure.
Provider Signature _____ Date _____ Time _____

Teach Back
Patient shows understanding by stating in his or her own words:
Reason(s) for the treatment/procedure: _____
Area(s) of the body that will be affected: _____
Benefit(s) of the procedure : _____
Risk(s) of the procedure: _____
Alternative(s) to the procedure: _____
or
Patient elects not to proceed _____ (patient signature)
Validated/Witness: _____ Date: _____ Time: _____