



Affix Patient Label

Name: _____ Date of birth: _____

Informed Consent:

Procedure: Plastibell Circumcision

This information is given to you so that you can make an informed decision about your son having a Plastibell circumcision.

Reason and Purpose of the Procedure: Circumcision removes skin at the end of the penis (foreskin). In this procedure a device called a Plastibell is used. It is a plastic ring that is placed on the head of the penis. Your son will be given a shot of numbing medicine for pain control and sugar water by mouth for comfort. The Plastibell is placed on the penis. The foreskin is removed with scissors and antibiotic medicine is put on the area. The Plastibell falls off in about 7-14 days.

Benefits of this Procedure:

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

- Possible decrease in infections
- Ease of penile cleaning

Risks of Circumcision:

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.

Specific Risks of Circumcision:

- Bleeding. This bleeding rarely requires a transfusion.
- Taking off too much or not enough foreskin. Your son may have to have another procedure.
- Infection. Your son may have to be treated with antibiotics.
- Plastibell may fall off too soon.
- The head of the penis may push through the ring. This can cause damage to the penis.
- Difficulty or inability to urinate.

The Risks of Circumcision Could Increase if:

- There is a family history of bleeding.
- The infant has a bleeding disorder.
- The mother was taking blood thinners during pregnancy.

Risks Specific to your Baby:

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Alternative to Circumcision:

Other Choices:

- Do nothing. You can decide your son does not need the procedure.
- You could decide to have the procedure done at a later time.

If You Choose not to Have this Treatment Now:

- If the procedure is done when your son is over 3 months of age, it will have to be done in the hospital with general anesthesia. Before that time, the procedure can be done in the doctor's office.

General Information:

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 son's doctor will supervise them.

The hospital may take pictures and videos during the procedure. These may be added to my son's medical record. These may be published for teaching purposes. My son's 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 provider. My questions have been answered.
- I want my son to have this procedure: Plastibell Circumcision.
- I understand that other doctors, including medical residents or other staff may help with my son's circumcision. The tasks will be based on their skill level. My son's doctor will supervise them.

Patient

Signature _____

Relationship Patient/Parent of Minor Closest relative (relationship) Guardian/POA Healthcare _____ 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.

_____ Date _____ Time _____

Interpreter (if applicable)

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 a parent, closets relative, or legal guardian has agreed to the procedure.

Provider's 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

Parent(s) elects not to proceed _____ (patient signature)

Validated/Witness: _____ Date: _____

Time: _____