BRONSON

Affix Patient Label	
Patient Name:	Date of Birth:

Informed Consent: Circumcision

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

Reason and purpose of the procedure:

A circumcision is done to remove excess foreskin from the penis.

Your son may receive a local anesthetic to help him be comfortable during the procedure. A pacifier dipped in a sugar solution may also be used to help comfort your son during the procedure.

Benefits of this procedure:

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

Circumcisions may lower the risk of:

- Urinary tract infection.
- Phimosis (tightening of the foreskin severe enough to close off the opening of the penis).
- Cancer of the penis.
- Certain sexually transmitted diseases including HIV.

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.
- **Urethral stenosis** – narrowing of the opening where the urine comes out. Your son may have to be treated by an Urologist.
- **Infection**. Your son may have to be treated with antibiotics.

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:

_____

_____

_____

_____

Alternatives 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 delayed past 30 days, it may have to be done in an operating room with general anesthesia. Before that time the procedure could be done in the doctor's office.

General information:

During the procedure, the doctor may need to perform 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 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 doctor. My questions have been answered.
- I want my son to have this procedure: **Circumcision** _____

  _____
- I understand that my doctor may another ask another doctor with the same qualifications to do this procedure.
- 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.

Parent/Guardian Signature: _____ Date: _____ Time: _____

Relationship: ☐ Parent ☐ Guardian/POA Healthcare

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

Interpreter's Signature: _____ ID #: _____ 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: _____ Date: _____ Time: _____
(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____