BRONSON	Affix Patient Label
	Patient Name: DOB:

Informed Consent Hydrocelectomy

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

Reason and Purpose of the Procedure
Hydrocelectomy is the removal of fluid from around the testicle. It is normal to have a very thin layer of fluid around the testicle. This fluid is constantly made and drained so that it does not build up. If the tissue that helps to drain the fluid becomes blocked, it may build up and the scrotum can grow larger and become uncomfortable.

The procedure usually takes less than one hour depending on your anatomy. If the hydrocele is very large, the doctor may place a small drainage tube through the scrotal skin to help keep the swelling down.

It is important for you to know that the full effects of the surgery can take days, weeks, or even more than a month.

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.

- Decrease the discomfort from the enlarged scrotum.

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.

Risks of this surgery

- **Chronic Pain**: You may develop chronic pain in an area that you have had surgery on.
- **Hematoma**: A blood vessel may continue to ooze or bleed after the procedure is over. This can cause bruising and swelling that usually resolves over time.
- **Infection**: You may need an antibiotic or further treatment.
- **Recurrence or persistence**: A hydrocele may return. You may need further surgery.
- **Testicular Ischemia/Loss**: If the testicle loses its blood supply it may shrink or not survive. This is unlikely from this operation, but could occur.

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, pelvis, or arm, 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.

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

If you choose not to have this treatment
- You may have continued discomfort.
- Fluid could continue to build up and cause the scrotum to enlarge.

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.

Medical Implants/Explants
I agree to release my social security number, my name and address, and my date of birth to the company that makes the medical device that is put in or removed during this procedure. Federal laws and rules require this. The company will use this information to locate me if needed.

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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: ☐**Right** ☐**Left Hydrocelectomy**

  _____
- I understand that my doctor may ask a partner to do the procedure.
- 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/product.

Patient Signature_____Date:_____Time:_____
Relationship: ☐Patient ☐Closest relative (relationship)_____ ☐Guardian

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:_____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 patient has agreed to procedure.

Provider signature:_____ Date:_____ Time:_____

Teach Back
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.

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:_____