BRONSON	Affix Patient Label
	Patient Name: Date of Birth:

Informed Consent
Spermatocelectomy and Excision of an Epidiymal Cyst

This information is given to you so that you can make an informed decision about having **Spermatocelectomy and Excision of an Epidiymal Cyst.**

Reason and Purpose of the Procedure:

The epididymis is a small organ that drapes over the back of each testicle. A cyst can develop in one of the ducts and enlarge. A cyst is a benign (not cancerous or malignant) balloon-like structure that contains fluid. A spermatocele is also a balloon-like structure but one that contains sperm. Rarely do these cysts cause a problem but sometime they can grow quite large and cause discomfort. In these cases a patient may choose to have it removed.

Benefits of this procedure:

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.

- Discomfort will go away.

Risks of procedure:

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 procedure:

- **Recurrence or Persistence**: A spermatocele or cyst may return
- **Hematoma:** This is when a blood vessel continues to ooze or bleed after the procedure is over.If the hematoma is unusually large or it does not show improvement in a reasonable amount of time, a further procedure may be needed.
- **Infection**: As with any procedure infection is possible. You may need antibiotics.
- **Chronic Pain**: As with any procedure, a patient can develop chronic pain in the area that has been operated on.
- **Testicular Ischemia/Loss**: This is quite unlikely, but could occur from loss of blood flow to the testicle.

General Risks of Procedure:

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotic 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 there is too much bleeding, 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:

Other choices:

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

If You Choose Not to Have this Treatment:

You may experience continued discomfort.

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.
- Radiology images will be obtained. They will be part of 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: ☐**Right** ☐**Left** **Spermatocelectomy and Excision of an Epidiymal Cyst**
  _____
- 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

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:_____