

## Informed Consent Adult Circumcision

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

### Reason and Purpose of the Procedure

**Circumcision** is the removal of the foreskin that covers the head of the penis. There are four common reasons for why an adult may need a circumcision.

- **Phimosis:** This means that the opening of the foreskin has scarred down and does not allow the patient to pull his back properly, or in some cases, at all.
- **Balanitis or Posthitis:** This means that the head of the penis or foreskin becomes infected.
- **Elective:** In these cases, the reason is purely cosmetic or religious reasons.
- **Discomfort with intercourse.**

### 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.

- Increased comfort during sexual intercourse.
- Better hygiene.

### 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

- **Hematoma-** This occurs when small blood vessels continue to ooze or bleed after the procedure. If the swelling doesn't go down in a reasonable amount of time a future procedure may be required.
- **Infection-** infection is possible with all procedures. Infections are far more common in diabetic patients. Typical signs of an infection are redness, increased pain, and or a yellowish discharge from in between the sutures. Please call if you see signs of infection.
- **Injury to the glans Penis-** Sometimes scraping or a cut injury may occur during the procedure. This area may be tender for a few days.

### 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**

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**Alternative Treatments**

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

**If you choose not to have this treatment**

- Infection.
- 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.
- 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.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**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: **Adult Circumcision**
- 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: \_\_\_\_\_