



Affix Patient Label

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Informed Consent:**

**Hypospadias Repair**

This information is given to you so that you can make an informed decision about having **Hypospadias Repair**

**Reason and Purpose of the Procedure:**

During fetal development, the urethra (tube through which you urinate) is an open tube or channel that eventually closes along its length. When there is an incomplete closure, the urethral opening is not on the very tip of the penis. Instead, the opening is somewhere along the length of the shaft of the penis.

**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.

- Improved fertility
- The penis will appear cosmetically correct

**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.

**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, 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 of this surgery:**

- Urethrocutaneous Fistula: A fistula is an abnormal communication between two areas that are normally separated by tissue. If this occurs a further procedure may be required.
- Urethral Stricture or Stenosis: A portion of the urethra can scar and become narrowed. A further procedure may be required if this occurs.
- Meatal Stricture or Stenosis: This problem is the same as the above but it happens at the very end of the penis or urethra. A further procedure may be required if this occurs.

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- Tissue Ischemia: The skin graft may lose its blood supply and result in graft breakdown. Surgical revision is usually required.
- Infection: As with any procedure infection is always a possibility. You may need antibiotics.
- Persistent or Recurrent Chordee: A curve in the penis may appear after some healing has occurred. A further procedure may be required if this occurs.
- Urethral Diverticula: A diverticula can be thought of as the opposite of a stenosis (narrowing). It represents an area that is too large. A further procedure may be required.
- Hematoma: Small blood vessels may continue to bleed. Usually this will eventually stop. If not, you may need further treatment.

**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:**

Other choices:

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

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

- Fertility can be affected
- The penis may look abnormal
- Spraying of urine

**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.

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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: Hypospadias Repair**

- I understand that my doctor may ask a partner to do the surgery.
- 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/products.

**Patient Signature** \_\_\_\_\_

**Relationship**     Patient     Closest relative (relationship)     Guardian    **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.

Interpreter (if applicable) \_\_\_\_\_ 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 \_\_\_\_\_ (patient signature)

Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_