

CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with



consent form 1)

<p style="text-align: center;">Name of proposed procedure (include brief explanation if medical term not clear)</p>	ANAESTHETIC
<p>REMOVAL OF EPIDIDYMAL CYST SIDE.....</p> <p>THIS IS THE REMOVAL OR REPAIR OF FLUID SAC IN THE SCROTUM</p>	<p><input type="checkbox"/> - GENERAL/REGIONAL</p> <p><input type="checkbox"/> - LOCAL</p> <p><input type="checkbox"/> - SEDATION</p>

Serious or frequently occurring risks

OCCASIONAL

- RECURRENCE OF FLUID COLLECTION CAN OCCUR
- BLOOD COLLECTION AROUND TESTES WHICH RESOLVES SLOWLY OR REQUIRES SURGICAL REMOVAL.
- POSSIBLE INFECTION OF INCISION OR TESTIS REQUIRING FURTHER TREATMENT

RARE

- VERY RARELY THE SCARRING CAN DAMAGE THE EPIDIDYMIS CAUSING SUBFERTILITY

ALTERNATIVE THERAPY: OBSERVATION, REMOVAL OF FLUID WITH A NEEDLE, VARIOUS OTHER SURGICAL APPROACHES