

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><u>FRENULOPLASTY</u></p> <p>THIS IS THE SURGICAL TREATMENT FOR A SHORT FRENULUM</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

- INFECTION OF CUT REQUIRING FURTHER TREATMENT AND CASUALTY VISIT
- BLEEDING OF THE WOUND OCCASIONALLY NEEDING A FURTHER PROCEDURE AND CASUALTY VISIT
- FURTHER NEED FOR CIRCUMCISION IF FAILS TO IMPROVE SYMPTOMS.
- PERSISTENCE OF ABSORBABLE STITCHES AFTER 3 / 4 WEEKS REQUIRING REMOVAL AT GP

RARE

- ALTERED SENSATION OF PENIS
- SCAR TENDERNESS, RARELY CHRONIC
- YOU MAY NOT BE COMPLETELY COSMETICALLY SATISFIED
- FURTHER NEED FOR CIRCUMCISION IF FAILS TO IMPROVE SYMPTOMS.

ALTERNATIVE THERAPY: CIRCUMCISION, OBSERVATION.