

CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with



consent form 1)

Name of proposed procedure (include brief explanation if medical term not clear)	ANAESTHETIC
HERNIOTOMY SIDE..... THIS IS THE REMOVAL OR REPAIR OF SAC IN THE GROIN THAT IS ALLOWING THE BOWEL TO BULGE OUT BETWEEN THE ABDOMINAL MUSCLES	<input type="checkbox"/> - GENERAL/REGIONAL <input type="checkbox"/> - LOCAL <input type="checkbox"/> - SEDATION

Serious or frequently occurring risks

OCCASIONAL
- BRUISING OR BLEEDING OCCURS WHICH RESOLVES SLOWLY OR REQUIRES SURGICAL EVACUATION.

RARE
- RARELY, THE TESTIS CAN SHRINK DUE TO POOR BLOOD SUPPLY
- INFECTION OF INCISION OR TESTIS REQUIRING FURTHER TREATMENT
- RECURRENCE OF HERNIA CAN OCCUR NEEDING FURTHER TREATMENT

ALTERNATIVE THERAPY: OBSERVATION, VARIOUS OTHER SURGICAL APPROACHES